

Camp Darom 2008

CIT Application

(For teenagers entering grades 10 - 12 in Fall 2008)

Return to: Camp Darom
c/o Baron Hirsch Congregation
400 S Yates Road
Memphis, TN 38120
(901) 683-7485
Fax (901) 680-7990
darom@baronhirsch.org

Name: _____ Date of birth: ___/___/___ Male Female

Address: _____ City _____ St _____ Zip _____

Phone (____) _____ email _____ Grade entering in Fall 2008 _____

Father: _____ Home # (____) _____ Cell # (____) _____

Address: _____ Business # (____) _____

(if different)

email: _____

Mother: _____ Home # (____) _____ Cell # (____) _____

Address: _____ Business # (____) _____

(if different)

email: _____

Please list two emergency contacts that we may call if parents cannot be reached:

Name: _____ Relationship: _____ Phone 1: _____ Phone 2: _____

Name: _____ Relationship: _____ Phone 1: _____ Phone 2: _____

EDUCATIONAL HISTORY Please list all schools you have attended.

<u>Name</u>	<u>Location</u>	<u>Dates</u>	<u>Special notes (honors, etc)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CAMP HISTORY Please list all camps you have attended. Start with the most current.

<u>Name of Camp</u>	<u>Position</u>	<u>Years</u>	<u>Day Camp or Overnight?</u>
_____	_____	_____	_____
_____	_____	_____	_____

OTHER WORK EXPERIENCE Please briefly describe any relevant work experience you have had.

REFERENCES All applicants are required to submit to letters of recommendation from teachers, Rabbi, former employer, etc. Please list the two references who will be submitting letters below.

<u>Name</u>	<u>Position</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate activities where you have a skill, and those that you can teach:

	<u>Skill</u>	<u>Teach</u>		<u>Skill</u>	<u>Teach</u>		<u>Skill</u>	<u>Teach</u>
Arts & Crafts	<input type="checkbox"/>	<input type="checkbox"/>	Painting	<input type="checkbox"/>	<input type="checkbox"/>	Drama	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	Hiking	<input type="checkbox"/>	<input type="checkbox"/>
Nature	<input type="checkbox"/>	<input type="checkbox"/>	Dance	<input type="checkbox"/>	<input type="checkbox"/>	Choir	<input type="checkbox"/>	<input type="checkbox"/>
Aerobics	<input type="checkbox"/>	<input type="checkbox"/>	Music	<input type="checkbox"/>	<input type="checkbox"/>	Boating	<input type="checkbox"/>	<input type="checkbox"/>
Karate	<input type="checkbox"/>	<input type="checkbox"/>	Reading the Torah	<input type="checkbox"/>	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	<input type="checkbox"/>

Other? _____

Do you have any special certifications? (WSI, CPR, etc) _____

Do you have any special limitations? _____

Please write one paragraph explaining why you wish to work at Camp Darom and why you think you are the best candidate for the position.

If selected to be a CIT at Camp Darom, I agree to abide by all camp rules and policies. I agree to stay at the camp site at all times. I understand that in order to sustain a proper atmosphere, I will not be allowed to have visitors, and that I will be expected to abide by any policies the camp sets with regard to cell phones and vehicles. I understand that this is a working position, for which I may attend Camp Darom at no charge, and that there is no salary for this position.

I certify that all of the information I have provided in this application is true and accurate.

Applicant please Sign _____ Date _____

Parent or Guardian Authorization/Waiver

- ◆ I hereby give my child permission to attend Camp Darom as a CIT, and to participate in all camp activities. I hereby give my child permission to leave the camp grounds and to ride in transportation provided by the camp, for supervised camp activities and/or medical treatment by qualified medical personnel.
- ◆ In case of surgical or medical emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. Camp Darom will make every effort to immediately contact parents in the event of an emergency. I understand that my child will not be permitted to attend Camp Darom until medical forms have been received.
- ◆ I do hereby waive, release and hold harmless Camp Darom, Baron Hirsch Congregation, and all their various divisions, officers, staff, volunteers and representatives for any injury that may be suffered by my child in the normal course of participation in the camp program, whether the result of negligence or any other cause.
- ◆ I agree to furnish the camp with any additional contact information they may need to get in touch with me during the camp season. This includes dates, location and phone numbers where I may be reached should I be traveling.
- ◆ I understand that Camp Darom has the right to dismiss any person who threatens the safety of him/herself or others; who willfully damages camp property; who willfully disregards the rules of the camp; who steals or intentionally damages the property of other people in camp; or who is found using or in possession of drugs or alcohol. The person will be sent home at the expense of the parent.
- ◆ I understand that the CIT program for which my child is applying is not a paying position, nor is there any cost involved, other than transportation to the camp. I understand that there will be an interview process to fill the limited spaces available in this program.

Parent or Guardian Signature _____ Date _____