



**Mary Help of Christians Camp
659 Belmont Avenue
North Haledon, NJ 07508
camp@maryhelp.org**

February 2018

February calls us to the preparation of our Summer Program. This year our season will begin on Monday, June 25th, and will close on Friday, August 3rd. If you would like to be part of our program, please complete the application packet for employment at Mary Help of Christians Camp. Please **DO NOT APPLY** if you will not be able to work all six weeks of camp. The 6th week of camp is contingent on 100 children registering for that week. We will know by July 1st if we have enough children registered.

- ⇒ Application Form
- ⇒ 2 letters of recommendation
- ⇒ W-4 Form (to be filled out if you are hired)
- ⇒ I-9 Form
- ⇒ Fingerprinting (to be filed if you are hired)
- ⇒ Protecting God's Children (to be attended if you are hired)

Should you be hired, the Staff In-Service meetings will be held on:

Friday, June 15th from 7:30PM-9PM and Saturday, June 16th from 10:00AM-1PM

It is **MANDATORY** for every staff member to attend these meetings to receive training and to review the policies, procedures, schedules, etc. ***If you cannot attend please do not apply.***

One Camp Staff shirt will be given to new applicants. If you wish to purchase additional camp shirts, the cost is \$10 for each additional shirt. (Keep in mind that you have to wear a Camp Staff shirt everyday. Past Camp Staff shirts are allowed.)

As you know, the six weeks of Summer Camp are very intense. Despite the hard work, it is very rewarding to know that these weeks can have a great effect on the lives of the campers. All of us working at MHCC Summer Camp play an important part in building their future.

May God bless you with His protection and love.

Sincerely,

Sr. Ramona Beltre, FMA
Camp Director
973-790-6200 x.128
Camp@maryhelp.org

Mary Help of Christians Camp Staff Application

Developed by the American Camping Association

E-mail to:

MHC Center

Attn: Sr. Ramona Beltre, FMA

659 Belmont Avenue

North Haledon, NJ 07508-2397

camp@maryhelp.org

Mail by: March 15, 2018

Name: _____

Date of Birth: _____ Social Security Number _____

Permanent Address: (Street) _____

(City, State, Zip) _____

Home Phone: _____ Cell Phone: _____

School or Business Address: (Name) _____

(City, State, Zip) _____

(email) _____

Are there any reasons you may have difficulty in performing any of the essential elements of the job for which you have applied? Yes No If so, please explain:

Education:

Years	School	Major Subjects	Degree Granted

Past Employment:

Dates	Employer	Address	Phone

Nature of Work

Supervisor

Reason for leaving

Camp Experience:

Dates	Camp	Director	Address

Were you a camper or staff at the above camps?

References (Give names and addresses of 3 persons, over the age of 18, (not relatives) having knowledge of your character, experience and ability.)

Name	Address	Phone

What position would you be interested in at MHC Center?

If you want to be a counselor, what age group are you interested in working with? _____

If you are applying to be a junior counselor, what time would you prefer to work?

_____ 7:30am-4pm _____ 8:30am-5:00pm

Do you have any children siblings, or relatives who will be campers here this summer? _____

If yes, what gender and age is he/she (are they)? _____

In the following list, put the numeral "1" before those activities you can organize and teach as an expert; "2" for those activities in which you can assist in teaching; and "3" for those which are just your hobby.

- | | | |
|--------------------------------|----------------------|-------------------------------|
| _____ Standard First Aid Cert. | _____ Drawing | _____ Play an instrument |
| _____ Advanced First Aid Cert. | _____ Lead singing | _____ Rowing |
| _____ CPR | _____ Photography | _____ Swimming |
| _____ Storytelling | _____ Baseball | _____ Lifeguard |
| _____ Worship Services | _____ Basketball | _____ Water Safety Instructor |
| _____ Dancing | _____ Field Hockey | _____ Volleyball |
| _____ Drama | _____ Informal Games | _____ Nature Crafts |
| _____ Science | _____ Ping Pong | _____ Flowers and gardening |
| _____ Soccer | _____ Weather | _____ Track and Field |

What contributions do you think you can make at MHC Camp?

What do you hope to benefit from your MHC Camp experience?

Are you available for an interview? _____ Yes _____ No

I have never been accused or convicted of a crime or felony involving the care or well-being of children. I authorize investigation of all statements herein and release MHC Center and all others from any liability in connection with same. I understand that, if employed, I will be an at-will employee and that any agreement to the contrary must be in writing and signed by the director of MHC Camp. I am aware that the possession and/or use of alcohol or drugs at any time on Camp premises is cause for immediate dismissal from employment. **I am aware that any information I post or is posted about me in a public domain – electronic or non-electronic - that is not in keeping with Catholic values can cause for immediate dismissal. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the Camp.** Finally, I am aware that employment at Mary Help of Christians Camp reflects a commitment on my part to be a positive, Christian role-model for the children and other staff members.

Signature _____ Date _____

All statements become part of any future employee personnel files. This form has been drafted to comply with federal employment laws; however, ACA assumes no responsibility or liability for the use of this form.

LETTERS OF RECOMMENDATION:

* All applicants, MUST submit two (2) written recommendations: one character reference and one from a **previous employer**. Recommendations letter must be written by people over the age of eighteen who are not related to person applying for the job.

Mary Help of Christians Camp Staff Health Form

Name: _____ Date: _____

Position: _____

Address: _____

Phone: _____ Emergency Phone _____

Emergency Contact Person (Name and relationship):

Insurance Company & Policy Number: _____

Social Security Number: _____ Date of birth _____

Health History:

Any medications currently being taken

Current or recent health problems

Past serious illnesses and injuries

Allergies

Any sight or hearing problems

***Date of last physical:** _____ **Date of last tetanus:** _____

Name of family physician: _____

***Date of last TB test:** _____ **Type:** _____ **Result:** _____

I am both physically and mentally fit to perform the duties required for the position requested, and pose no health risks to campers or other employees. I further certify that the above information is correct to the best of my knowledge and belief. In the event that, due to accident, illness, or injury, I become unable to determine my own medical care, I give permission for the release of this information and for the MHC Camp Director, or her delegate to secure proper treatment for me.

Signature: _____ Date: _____