



SUMMER EMPLOYMENT APPLICATION

(717) 642 – 8256 • www.campeder.org

Return to-
Camp Eder
*Attn Michael Kovacs
914 Mount Hope Rd
Fairfield, PA 17320

(Please Print)

NAME _____ AGE _____ BIRTHDAY _____

SS # _____

EMAIL _____ PH# _____ CELL# _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

This year' camp season is June 9th-28th and July 7th-August 3rd

All summer camp employees are expected to be available during this time.

Is there any reason that would prevent you from being available this entire time? Yes _____, No _____.

If "yes", please explain _____

What date are you available to report to work? _____

Male/Female Counselor- Responsible for FUN! Also- responsible for the safety and daily activities of campers.

Resource Staff- Work directly with summer program staff setting up activities and providing activity oversight

Lifeguards- Oversight for Camp Eder's summer program swim time and water sport activities. Must be lifeguard certified.

Kitchen Staff- Prepping food, setting tables, doing dishes and learning other valuable food service skills.

Adult Volunteers- Help lead activities, share your skill, call us and we will gladly plug you in.

What position(s) are you applying for?

1st Choice: _____

2nd Choice: _____

PLEASE CHECK THE FOLLOWING THAT APPLY

First Aid Certification Current _____ Expired _____ Date _____ Interested _____

CPR Certification Current _____ Expired _____ Date _____ Interested _____

Lifeguard Certification Current _____ Expired _____ Date _____ Interested _____

Please list any other certifications you have. _____

CHURCH INFORMATION

Church Affiliation _____ Church _____

Pastor's Name _____ Phone # _____

Any Additional Contact information _____

NAME _____ EMAIL _____ PH _____

**COMPLETE FOLLOWING SECTION ONLY IF YOU ARE ATTENDING A COLLEGE/
UNIVERSITY**

Name of Institution _____

School Address _____

☐ Full-time

☐ Part-time

Year in school _____ Major(s) _____

EDUCATION

SCHOOL	DATE OF GRADUATION	MAJOR	DEGREE(S)

WORK AND VOLUNTEER HISTORY

BUSINESS	JOB TITLE	DUTIES	SUPERVISOR CONTACT INFO

Have you ever worked at Camp Eder before? ____Y ____N Job? _____ When? _____

BACKGROUND

Have you ever been convicted of a felony or misdemeanor (other than a minor traffic violation)?

Yes_____, No_____. If "yes," please explain. _____

With the increased use of social networking sites (facebook, twitter, etc.), we reserve the right to review an individual's site as part of the reference check.

Do you have an account with a social website? Yes_____ No _____

Site address: _____

I certify that the above information is true and accurate to the best of my knowledge. I authorize representatives of Camp Eder to investigate the above information for accuracy while considering me for employment. 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 the camp. I also understand that untrue, misleading, or omitted information herein may result in my immediate dismissal, regardless of the time of discovery.

I hereby authorize Camp Eder and its representatives to conduct federal and state criminal and child abuse background checks on myself; and understand that my employment with Camp Eder is contingent upon this.

NAME_____ EMAIL _____ PH _____