

Dear Summer Camp Staff Applicant -

I am glad that you are interested in being part of Kiddie Keep Well Camp's summer staff. Our staff is a dynamic and diverse group of young adults that are passionate about introducing new experiences to children in Middlesex County New Jersey. Kiddie Keep Well Camp takes great care to hire staff that have a high moral character and display a mature positive attitude towards the campers. This summer will be an opportunity to change a child's life, make life long friends and experience a summer like no other.

The enclosed application packet will allow me to get introduced to you and your life experiences. The packet consists of an application, three reference forms, a background check form, a description of available positions and a general information sheet. Please do not hesitate to apply even if you do not have a great deal of experience or certifications. I want to hear from you if you are passionate, creative and excited! Upon receiving and reviewing your completed packet I will contact you for an interview.

Kiddie Keep Well Camp provides a residential camping program for underprivileged children from Middlesex County. Children between the ages of 6 and 13 attend camp for 11 days at no cost to their families. During the week of staff training, before the campers have arrived, you will learn about the program structure, the children who attend camp and most importantly about yourself and the people on our team. As a member of the Kiddie Keep Well community you will have a major impact on the campers, whether you work in the kitchen, on maintenance, in the office or as a camp counselor.

Please feel free to contact me if you have any questions. I am available at 732-548-6542 or [candace@kiddiekeepwell.org](mailto:candace@kiddiekeepwell.org).

Candace Crane  
Camp Director

# 2010 Summer Camp Positions

**Cabin Counselor (36)** – Counselors, along with co-counselors, live in a cabin with up to 15 campers. They are responsible for the leadership and supervision of the cabin group. The cabin group will do various activities throughout the day; sometimes led by the cabin counselors and sometimes led by area specialists. Specific duties may include camper discipline, crisis intervention, teambuilding and organizing activities. Must be 18 years old and have some experience working with children.

**Leaders in Training (LIT)/ Counselor in Training (CIT) Counselor (2)** – Implements the LIT and CIT curriculum for the 14 and 15 year old campers respectively. The campers in these programs have been selected to participate based upon their desire to improve their leadership skills and work with children. Previous camp experience preferred.

**Head Counselor (2)** – Responsible for the direct supervision and support of cabin counselors in their respective part of camp (male or female). Works with the counselors in solving discipline, homesickness, and interpersonal issues as they arise. Monitor cabin groups for safety issues, camper behavior problems, counselor behavior issues and needs. Experience in residential camp counseling or related experience is a requirement.

**Assistant Director** – Responsible for the supervision of the Head Counselors and LIT/CIT Counselors. Works with the Camp Director to insure camp runs smoothly on a daily basis. Responsible for communication with parents while campers are at camp. Experience working with children and supervising staff required. Residential camp experience desired.

**Program Director** – Responsible for the coordination of the daily program including scheduling counselors to teach specialized activities, ensuring quality control in all program areas and designing evening programs. Experience in a variety of camp program areas and supervision of staff is desired.

**Aquatics Director** – Responsible for staffing, program and chemical maintenance of two outdoor pools. Specific duties include scheduling of lifeguards based upon program needs, quality control of swim lessons and maintaining a high level of safety in all aquatic programs. Participates in other areas of camp when pools are not in use. Current Lifeguard certification required. Supervisory experience and Water Safety Instructor certification desired.

**Social Worker** - Responsible for providing support to individual campers and groups of campers while at camp. They will assist the Head Counselors in providing resources to the counselors to meet the emotional needs of campers. The Social Worker will provide leadership for proactive measures as well as crisis intervention to ensure the emotional safety of campers and staff. Licensed Social Worker or current Graduate Student in Social Work program required. Experience working in a residential camp setting preferred.

**Head Cook** – Responsible for the delivery, ordering, inventory and quality of all food service needs of camp. Implements set camp menu. Supervises, schedules and evaluates 2 cooks and 5 kitchen assistants. Experience cooking and ordering of food for 200 people per meal desired. Supervisory experience required.

**Second Cook (2)** - Works under the supervision of the Head Cook to insure quality and timeliness of all meals. Assumes responsibilities of Head Cook upon their absence. Experience cooking for large groups desired.

# Kiddie Keep Well Camp

## General Information for Staff

### **Location**

Kiddie Keep Well Camp is located within Roosevelt Park in Edison, New Jersey. Camp is a five minute walk to Menlo Park Mall which has a movie theater, sit down and fast food restaurants and many stores. The Metropark NJ Transit station is a 5 minute drive from camp which allows train access to NYC and other points of interest.

### **Staff**

Each summer Kiddie Keep Well Camp employees approximately 60 staff from across the country and around the world. On a year round full time basis the camp is staffed with an Executive Director, Camp Director, Housekeeper, Office Manager and Maintenance Staff.

### **Living arrangements**

All cabin counselors will live in cabins with their campers and 2 or 3 co-counselors. Each cabin has indoor bathroom facilities. Staff who are not cabin counselors will live in other cabins on camp which will be assigned to them based on gender.

### **Time off**

Camp consists of 4 sessions each lasting 11 days. Each staff member will receive a 24 hour period off during each session. Staff are also off from 6:00 pm on Saturday until 6:00 pm on Tuesday every other weekend. Staff are allowed to leave camp during these times. They may also choose to stay on camp but all camp policies are in effect at all times.

### **Dress code**

Clothing and general appearance should be appropriate for working with children and outdoors. Clothing should not advertise alcohol, sex, drugs or have profanity. Males must have swim trunks and females must have one piece bathing suits to be worn in the pools.

### **Drug and alcohol policy**

Camp is a smoke, alcohol and illegal drug free camp. You may not use any of these substances at any time on camp property.

### Typical daily schedule

7:30 am	Reveille
8:00 am	Breakfast
9:00 am	Activity 1
10:00 am	Activity 2
11:00 am	Activity 3
12:00 pm	Lunch
1:00 pm	Activity 4
2:00 pm	Activity 5
3:00 pm	Activity 6
4:00 pm	Activity 7
5:00 pm	Dinner
7:00 pm	Evening Program
9:00 pm	Showers/Evening Embers
10:00 pm	Lights out

Decisions about cabin placements for counselors are based upon the needs of the camp, the counselor's preferences for age groups and the enrollment in camp. Counselors may be in a different cabin working with different co-counselors every session.



## EDUCATION

What is your current college status?  Freshman  Sophomore  Junior  Senior  
 No College  Graduated

### High School

### College

\_\_\_\_\_  
Name of School & Location

\_\_\_\_\_  
Name of School & Location

\_\_\_\_\_  
Diploma

\_\_\_\_\_  
Dates Attended

\_\_\_\_\_  
Degree

\_\_\_\_\_  
Dates Attended

### Graduate Work

\_\_\_\_\_  
Name of School & Location

\_\_\_\_\_  
Degree

\_\_\_\_\_  
Dates Attended

### Experience-Paid or Volunteer

*Please list all jobs and activities including military service, employment while in school and self employed. Start with most recent. (Please use additional paper if needed)*

1. \_\_\_\_\_

Dates

\_\_\_\_\_  
Organization/Company

\_\_\_\_\_  
Salary

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Responsibility

2. \_\_\_\_\_

Dates

\_\_\_\_\_  
Organization/Company

\_\_\_\_\_  
Salary

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Responsibility

3. \_\_\_\_\_

Dates

\_\_\_\_\_  
Organization/Company

\_\_\_\_\_  
Salary

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Responsibility

4. \_\_\_\_\_

Dates

\_\_\_\_\_  
Organization/Company

\_\_\_\_\_  
Salary

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Responsibility

## References

*Please remember that no family or relatives may be used*

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Company**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Capacity Known**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Company**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Capacity Known**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Company**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Capacity Known**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Company**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Capacity Known**

---

## Certifications

Do you have a current Driver's License?  Yes  No if yes, expiration date: \_\_\_\_\_

Tell us about any certification you may have -such as First Aid, CPR, Responding to Emergencies, Lifeguarding, and Water Safety Instructor.

\_\_\_\_\_  
Certification

\_\_\_\_\_  
Date of Course

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Certification

\_\_\_\_\_  
Date of Course

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Certification

\_\_\_\_\_  
Date of Course

\_\_\_\_\_  
Expiration Date

## Camp Activities

*In the following list, put numeral "1" before those activities you can organize and teach as a lead instructor and "2" for those activities you can assist in teaching.*

### Arts and Crafts

- Painting
- Nature Crafts
- Sketching
- General

### Performing Arts

- Singing
- Dance
- Play Directing
- Instruments

### Athletics

- Baseball
- Basketball
- Soccer
- Tennis
- Volleyball
- Informal Games

### Nature

- Animals
- Birds
- Insects
- Forestry
- General

What contributions can you bring to Kiddie Keep Well Camp? \_\_\_\_\_

---

---

---

What do you think are the main responsibilities of a counselor? \_\_\_\_\_

---

---

---

Describe some of your experiences you have had working with children: \_\_\_\_\_

---

---

---

What methods do you use, or are familiar with, when dealing with behavioral problem children or a defiant child? \_\_\_\_\_

---

---

---

*The information on this application is truthful. Any falsification of this application could lead to termination of employment at any time if I am hired.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Mail or fax application to: The Kiddie Keep Well Camp  
35 Roosevelt Dr.  
Edison NJ 08837  
Fax: (732) 548-9535**

# KIDDIE KEEP WELL CAMP

## Reference Form

To: \_\_\_\_\_

The applicant named below has applied to work with children from Middlesex County, New Jersey at a summer camp and has provided your name as a reference. As soon as is convenient, please provide us with the information below and return the form directly to us by fax (732) 548-9535 or by mail: Kiddie Keep Well Camp, 35 Roosevelt Dr. Edison, NJ 08837. If you are interested, in more information about our program please contact us at (732) 548-6542.

Thank you for your assistance.

Name of Applicant \_\_\_\_\_ Position applied for \_\_\_\_\_

	Superior	Better than Satisfactory	Average	Less than Satisfactory	Unacceptable
Ability to Learn					
Job Performance					
Disposition					
Resourcefulness					
Dependability					
Cooperation					
Patience					
Adaptability					
Physical/Emotional Health					
Attitude Toward Children					
Leadership Skills					
Judgment					
Teaching Ability					

If you had a son or daughter at camp, would you be satisfied to have the above named person responsible for your child's welfare?  Yes  No  Maybe

I know the applicant as:  Student  Employee  Friend  Other \_\_\_\_\_

If employed, type of work performed: \_\_\_\_\_

If employed, reason for leaving: \_\_\_\_\_

Would you consider the applicant for hire/re-hire?  Yes  No

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reference Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Position/Title \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

**VERIFIED BY PHONE BY \_\_\_\_\_ DATE \_\_\_\_\_**

# KIDDIE KEEP WELL CAMP

## Reference Form

To: \_\_\_\_\_

The applicant named below has applied to work with children from Middlesex County, New Jersey at a summer camp and has provided your name as a reference. As soon as is convenient, please provide us with the information below and return the form directly to us by fax (732) 548-9535 or by mail: Kiddie Keep Well Camp, 35 Roosevelt Dr. Edison, NJ 08837. If you are interested, in more information about our program please contact us at (732) 548-6542.

Thank you for your assistance.

Name of Applicant \_\_\_\_\_ Position applied for \_\_\_\_\_

	Superior	Better than Satisfactory	Average	Less than Satisfactory	Unacceptable
Ability to Learn					
Job Performance					
Disposition					
Resourcefulness					
Dependability					
Cooperation					
Patience					
Adaptability					
Physical/Emotional Health					
Attitude Toward Children					
Leadership Skills					
Judgment					
Teaching Ability					

If you had a son or daughter at camp, would you be satisfied to have the above named person responsible for your child's welfare?  Yes  No  Maybe

I know the applicant as:  Student  Employee  Friend  Other \_\_\_\_\_

If employed, type of work performed: \_\_\_\_\_

If employed, reason for leaving: \_\_\_\_\_

Would you consider the applicant for hire/re-hire?  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Position/Title \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

**VERIFIED BY PHONE BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

# KIDDIE KEEP WELL CAMP

## Reference Form

To: \_\_\_\_\_

The applicant named below has applied to work with children from Middlesex County, New Jersey at a summer camp and has provided your name as a reference. As soon as is convenient, please provide us with the information below and return the form directly to us by fax (732) 548-9535 or by mail: Kiddie Keep Well Camp, 35 Roosevelt Dr. Edison, NJ 08837. If you are interested, in more information about our program please contact us at (732) 548-6542.

Thank you for your assistance.

Name of Applicant \_\_\_\_\_ Position applied for \_\_\_\_\_

	Superior	Better than Satisfactory	Average	Less than Satisfactory	Unacceptable
Ability to Learn					
Job Performance					
Disposition					
Resourcefulness					
Dependability					
Cooperation					
Patience					
Adaptability					
Physical/Emotional Health					
Attitude Toward Children					
Leadership Skills					
Judgment					
Teaching Ability					

If you had a son or daughter at camp, would you be satisfied to have the above named person responsible for your child's welfare?  Yes  No  Maybe

I know the applicant as:  Student  Employee  Friend  Other \_\_\_\_\_

If employed, type of work performed: \_\_\_\_\_

If employed, reason for leaving: \_\_\_\_\_

Would you consider the applicant for hire/re-hire?  Yes  No

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reference Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Position/Title \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

**VERIFIED BY PHONE BY \_\_\_\_\_ DATE \_\_\_\_\_**

## APPLICANT RELEASE AND AUTHORIZATION FORM

I hereby authorize \_\_\_\_\_, or authorized representatives of the company bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for employment or volunteer purposes. I hereby fully release and discharge my prospective employer or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes.

APPLICANT SIGNATURE:	
APPLICANT NAME (PRINTED):	
DATE:	

PLEASE PROVIDE SEVEN (7) YEARS OF RESIDENTIAL HISTORY.  
ADDITIONAL YEARS SEARCHED AT CLIENT'S REQUEST.

APPLICANT INFORMATION		
First Name	Middle Name	Last Name

(PLEASE PRINT CLEARLY)

ALIAS INFORMATION		
First Name	Middle Name	Last Name

(PLEASE PRINT CLEARLY)

OTHER INFORMATION	
Date of Birth:	
Social Security Number:	
Drivers License Number:	
State Drivers License Is Issued:	

(PLEASE PRINT CLEARLY)

<b>CURRENT ADDRESS</b>			
Street			
City	State	Zip Code	County
Date From:		Date To:	

**(PLEASE PRINT CLEARLY)**

<b>PREVIOUS ADDRESS (1)</b>			
Street			
City	State	Zip Code	County
Date From:		Date To:	

**(PLEASE PRINT CLEARLY)**

<b>PREVIOUS ADDRESS (2)</b>			
Street			
City	State	Zip Code	County
Date From:		Date To:	

**(PLEASE PRINT CLEARLY)**

**Voluntary Disclosure Statement**  
**All Camp Staff FM 16**  
Developed and approved by the  
american **CAMP** association®

Mail this form to the address below by \_\_\_\_\_ (date)

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_  
Street Address City State Zip

Social Security # \_\_\_\_\_ Other names by which known (e.g., maiden name) \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone (if applicable) \_\_\_\_\_

Cell phone (optional) \_\_\_\_\_ E-mail address (optional) \_\_\_\_\_

School or College \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

1. Previous residence(s) for last five years (include college and home residences):
- City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

(Continue on separate sheet, if necessary.)

2. Have you ever been arrested and/or charged with a crime? (This includes all arrest and charges whether or not they were dismissed, deemed nolle prosequi, deferred adjudication, or found not guilty.)  Yes  No

3. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?  Yes  No

If yes, please explain: (Use a separate sheet, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?  Yes  No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes.

If yes, please explain: (Use a separate sheet, if necessary.)

---

---

---

---

5. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?  Yes  No

If yes, please explain: (Use a separate sheet, if necessary.)

---

---

---

---

6. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?  Yes  No

If yes, please explain: (Use a separate sheet, if necessary.)

---

---

---

---

7. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?  Yes  No

If yes, please explain:

---

---

---

---

I understand that:

- a) The camp may deny employment to any person who answers "yes" to any one of questions 2-7. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment may be terminated immediately.
- b) The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers. (A separate release form may be required)
- c) The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
  - 1) have a history of complaints of abuse of a minor;
  - 2) have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
  - 3) have falsified or omitted information in this disclosure statement.
- d) This disclosure statement must be updated yearly and immediate notification provided to the camp if any information provided changes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Minor's Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_