

Project Extreme

Staff Application

Return Application to:

Project Extreme
335 Central Avenue
Lawrence, NY 11559
Ph. 516.612.3922
Fx. 516.612.3924
ayalah@projectextreme.org

Government issued
Photo ID and a
Recent Photo Must
Be Submitted with
Application

Date of Application: _____

Legal Name: _____

Preferred Name: _____

Social Security Number: _____

Permanent Address _____
Street & Number, City, State, Zip

Current Address _____
Street & Number, City, State, Zip

Cell Phone _____ Home Phone _____ Email _____

Age: _____ Date of Birth: ____/____/____ Height: _____

Please list any known allergies: _____

Emergency Contact Information: Name _____

Phone _____ Relationship: _____

Personal Rav _____ Family shul _____

Interested in the following programs: (check)

Camp Extreme Shabbatons Yom Tov Programs Night Events Miryam's House

Summer 2019 Dates Available From _____ to _____

How did you learn about Project Extreme? _____

Is there a particular person that referred you? _____

Past Work History Provide a full record of all employment – paid and volunteer- Use a separate sheet, if necessary.

| Dates | Employer/Supervisor | Address and Phone | Nature of Position |
|-------|---------------------|-------------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |

References Give names and addresses of three persons (not relatives) having knowledge of your character, experience, work habits, and ability.

| Name | Relationship | Phone, Email |
|------|--------------|--------------|
| | | |
| | | |
| | | |

Past Camper Experience

| Dates | Camp & Director | Location |
|-------|-----------------|----------|
| | | |
| | | |

| Dates | Camp & Director | Location |
|-------|-----------------|----------|
| | | |

Past Camp Counselor Experience

| Dates | Camp & Director | Location | Position |
|-------|-----------------|----------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

Education: High School and Beyond

| Years | School | Major and Minor | Degree Granted |
|-------|--------|-----------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

Do you have a valid driver's license? ___ Yes ___ No State _____ License # _____

Do you have a commercial driver's license? ___ Yes ___ No

Do you have a valid passport? ___ Yes ___ No Issuing Country _____ Expiration Date _____ Passport Number _____

Certification and Camp Support Staff Skills In the following list please mark with an “E” those items in which you have experience and skills. Mark with a “C” those for which you hold a current certification and attach a copy of your certification

Health Safety

- ___ CPR
- ___ First Aid
- ___ Lifeguard
- ___ Nursing
- ___ _____
- ___ _____

Maintenance

- ___ Auto Mechanics
- ___ Carpentry
- ___ Electrical
- ___ Plumbing
- ___ _____
- ___ _____

Food Services

- ___ Cooking/meal preparation
- ___ Food handlers permit
- ___ Menu planning
- ___ Purchasing
- ___ Sanitation
- ___ _____

Please tell us something about yourself that sets you apart and makes you most fit for this job. What specific contributions do you think you can make at Project Extreme?

Have you had experience with teens at-risk? What does the term “at-risk behavior” mean to you? Please explain.

Please rate the following:

| | Excellent | Good | Fair | Needs Improvement |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Ability to wake up early | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to follow directions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Positive Attitude | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to take initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to think creatively | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Commitment to Torah and Mitzvos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Commitment to Halacha | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal Modesty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Harassment Project Extreme prohibits all forms of harassment by our employees. This includes sexual, racial, religious, and other forms of harassment. Have you been accused of harassment of any person including, but not limited to, workplace harassment? (Note: A prior conviction is not an automatic bar to employment. The type of conviction and when it occurred will be evaluated by Project Extreme before a decision is made.)

___Yes ___No

Explain:

Criminal Record Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please describe. (Note: A prior conviction is not an automatic bar to employment. The type of conviction and when it occurred will be evaluated by Project Extreme before a decision is made.) ___Yes ___No

Explain:

I authorize investigation of all statement herein, including any checks of criminal record, and release Project Extreme and all others from liability in connection with the same. I understand that, if employed, I will be at at-will employee unless there is an agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated official. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the application may result in dismissal, regardless of the time of discovery by the program.

Signature _____

Date _____

APPLICATION will be reviewed when a picture and photo ID have been received.

Thank you for your interest in being part of the Project Extreme. We appreciate the time you took to complete this form. We will review your application and contact you shortly.