

REFERENCES (List 3 persons (NOT relatives or peers) who have knowledge of your character, experience, & ability.)

Name	Email Address	Phone #	Relationship to Applicant

CERTIFICATIONS/SKILLS

Camp Support Skills: Put an (X) before those items in which you have experience and skill. Put a (C) before those items in which you hold certification that will be **current** through August 2009.

<input type="checkbox"/>	Lifeguard	<input type="checkbox"/>	First Aid	<input type="checkbox"/>	CPR	<input type="checkbox"/>	Food Handler's	<input type="checkbox"/>	RN
<input type="checkbox"/>	EMT	<input type="checkbox"/>	Paramedic	<input type="checkbox"/>	Canoeing/Boating	<input type="checkbox"/>	Ropes Course	<input type="checkbox"/>	Other _____

Camp Program Skills: Put a (T) before those activities you can teach. Put an (A) before those activities in which you have some experience and could assist. Fill in the blanks with hobbies or skills that could be beneficial to the program.

<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Drama	<input type="checkbox"/>	Arts & Crafts	<input type="checkbox"/>	Dance	<input type="checkbox"/>	Music
<input type="checkbox"/>	Outdoor	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Ceramics
<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	Baseball	<input type="checkbox"/>	Rock Climbing	<input type="checkbox"/>	Boating/Canoeing	<input type="checkbox"/>	Hiking
<input type="checkbox"/>	Nature	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

How did you hear about Friendship CARES Summer Camp? _____

What are the characteristics of someone who would be well-suited for camp? _____

Why are you the right person to join the Friendship CARES team? _____

What is the ideal mission for a summer camp? _____

What assets do you think you can bring to the Friendship CARES Summer Camp? _____

What contribution do you think a well-run camp can make to individuals? _____

What impressions, of you and camp, would you like for campers to leave with at the end of their camp experience? _____

(Returning Staff Members Only) Describe 2 changes you think would improve the camp's programs, schedule, or activities:

Why do you want to work with the Friendship CARES summer camp programs? What would you like to accomplish?

Have you ever been fired or terminated for cause from any job, or have you ever been suspended or required to withdraw from a school? 0 Yes 0 No If so, please explain _____

Have you ever been accused of, charged with, or convicted for any crime, including child molestation or any crime endangering a child? 0 Yes 0 No If so, please explain: _____

Have you ever been charged with DUI or other motor vehicle offense? 0 Yes 0 No If so, please explain: _____

Return application to **Friday, May 1, 2009:**
Shakira Hemphill
120 Q Street, NE Washington, DC 20002
Phone: (202) 281-1711 ~ ~ Fax: (202) 281-1719
Or
Friendship CARES After-Care Coordinator

Please Read and Sign:

I hereby attest to the accuracy of the information I have provided. I authorize the Center for Youth and Family to investigate the statements herein, including background checks, work history, and driving records, and release the Center for Youth and Family Investment, Friendship CARES Before-and After-Care Program and all others from any associated liability. I waive my right to review references or recommendation, understanding that their contents are confidential and will not be available to me now or in the future. I understand submitting this application does not guarantee employment. I further understand that Friendship CARES Before-and After-Care Program cooperates with authorities to vigorously investigate and prosecute allegations of child abuse. All statements become part of future employee personnel files.

Signed _____ Date _____

The Center for Youth and Family (CYFI) is an equal opportunity employer. Requirements of employment are the same without regard to age, race, color, religion, national origin, gender, sexual orientation, or disability.

Applicants for Camp will be interviewed through Group Interview Sessions. These are opportunities for applicants to determine any camp preferences they may have, and for directors to meet all of our applicants.

Please select which interview you plan to attend (primary consideration will be given to applicants attending a group interview):

Thursday, May 7th (5pm-7pm) Thursday, May 14th (5pm-7pm) Saturday, May 16th (10-12 pm)

***If you cannot attend any interview session, please contact the After-Care Coordinator (s) of the camp(s) you are interested in so that alternate arrangements can be made as open staff positions allow.

“What is a Group Interview like?” Based on the number of applicants in attendance, groups will cycle through a series of “stations” that give them a chance to share about themselves, showcase their personal leadership styles, and get a feel for our Friendship CARES Summer Camp. ALL APPLICANTS are asked to come prepared with a group game they can teach and lead AND an arts-&-crafts project that would be suitable for grade school campers. If you need specific equipment or supplies, please let us know in advance (you do not need supplies for everyone to replicate your project).



**ECO-ADVENTURES:
GOING GREEN...FRIENDSHIP CARES STYLE**



APPLICANTS:

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

Group Interview dates are (*at the CYFI, 120 Q Street, NE, Washington, DC):

- Thursday, May 7th (5pm-7pm)** **Thursday, May 14th (5pm-7pm)**
 Saturday, May 16th (10-12 pm)

(If you cannot attend, please directly contact the After-Care Coordinator associated with the site you are most interested in or Ms. Shakira Hemphill. Primary consideration for new and returning hires will be given to applicants attending a group interview.)

Come prepared with:

- * A youth-appropriate group game you can teach and lead**
 - * An arts & crafts project you can explain to others**
- (if you need supplies, contact the After-Care Coordinator at the preferred site ahead of time)**

Summer 2009 program dates are:

Staff Training Week: June 22 – 24, 2009 **

Summer Camp Session Dates: June 28 – August 7, 2009

Camp Contacts are:

Chamberlain: Trena Taylor – 202-903-9907 – ttaylor@cyfi.org

Southeast: Beth White – 202-423-6217 – jwhite2@cyfi.org

Woodridge: Tangela Rey - 202-422-0382 – trey@cyfi.org

Thanks so much for considering joining our summer staff team! Please don't hesitate to contact any of our After-Care Coordinator or Ms. Shakira Hemphill for additional information.



Please check this box if form is already on file.

Please answer the following questions completely and sign the declaration on the following page. If additional space is needed, please attach a separate sheet of paper.

Any falsification, omission, deliberate misrepresentation or failure to complete any part of this form is grounds for rejection as an employee or volunteer. The Center for Youth and Family Investment reserves the right to reject any applicant for any legitimate, nondiscriminatory reason.

1) Have you ever been convicted of a crime?

No Yes

If "yes," please identify the offense(s); provide the date(s) of the conviction(s), the name of the court, (e.g., Superior Court of the District of Columbia) and the sentence(s) imposed.

2) Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child in any legal proceeding?

No Yes

If "yes", please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s) and the penalty (ies) imposed.

3) Do you currently have any outstanding criminal charges or warrants for your arrest pending against you? Are you presently under investigation for possible criminal charges?

No Yes

If "yes," please provide pertinent details to enable The Center for Youth and Family Investment to evaluate, including the charge(s), date(s), jurisdiction(s) and status.



Please check this box if form is already on file.

Background Clearance Consent Form

I hereby authorize and consent to the Center for Youth and Family Investment (CYFI), its agents and employees, to inquire into and undertake whatever background check of me that in its sole discretion deems appropriate to determine my fitness to serve as a volunteer. I understand the inquiry may include computer database searches, interviews with people acquainted with me, employers or references. I release and hold harmless the Center for Youth and Family Investment, its agents and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me. I agree that if the Center for Youth and Family Investment determines, in its sole discretion, that I have provided false or incomplete information in response to the above questions, or CYFI decides, with or without cause, not to retain me as an employee for whatever reason, the Center for Youth and Family Investment may, without notice or other process, reject my profile to serve as a volunteer.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Today's Date ____/____/____ Signature _____

Printed Name: _____

Home Address: _____

City/State Where Signed: _____

Date of Birth: _____

Social Security Number: _____