

Please list the names of any former or current Yaphank Day Camp Staff or Former Staff you know and indicate any who could serve as a reference for you:

Tell us how you heard about Yaphank Day Camp: _____

Please list any previous experiences you've had as a *camper*:

1. _____

Camp Name

Years

Director

2. _____

Camp Name

Years

Director

Please list any previous experiences you've had as a *camp counselor*:

1. _____

Camp Name

Years

Director

Position Held

Salary (Optional)

Please list your *most recent employment*:

1. _____

Employer

Dates

Supervisor

Employer Phone No.

Position Held

Salary (Optional)

2. _____

Employer

Dates

Supervisor

Employer Phone No.

Position Held

Salary (Optional)

With what age groups do you feel you are best suited to work? (Check all that apply.)

____ 3-5 years old

____ 6-7 years old

____ 8-9 years old

____ 10-11 years old

____ 12-14 years old

____ No Preference

Please provide the dates you are available to work this summer: _____

Most camp positions require you to be mobile over a variety of terrains and engage in physical activity. If you require any special accommodations to perform the duties of a member of our staff, please describe your needs here:

Please list the names and expiration dates of any professional certifications you currently hold (examples: CPR, AED, Food Handling, First Aid, Wilderness First Response, etc.)

YAPHANK DAY CAMP
65 Main St., Yaphank, New York 11980
(631) 942-3723
SUMMER CAMP STAFF – REFERENCE FORM

Today's Date: _____ (month/day/year)

Name: _____ Male/Female
 Last Name First Name Middle Name/Initial

Address: _____
 Street Address City State Zip Code

Telephone No.: _____ E-Mail Address: _____

How long do you know the applicant? _____

Do you feel there is any reason this applicant should not be allowed to work with children ages 6-14 years old? _____
If "yes", please explain: _____

Additional Comments: _____

Signature: _____ Date: _____

Today's Date: _____ (month/day/year)

Name: _____ Male/Female
 Last Name First Name Middle Name/Initial

Address: _____
 Street Address City State Zip Code

Telephone No.: _____ E-Mail Address: _____

How long do you know the applicant? _____

Do you feel there is any reason this applicant should not be allowed to work with children ages 6-14 years old? _____
If "yes", please explain: _____

Additional Comments: _____

Signature: _____ Date: _____