



Camp
Akiva

Summer Staff Application

1446 Rains County Road 1490 • Point, TX 75472 • campakiva.org • Camp Phone 903.598.2497

Please type or print clearly and return application to the address above.

Date of Application: _____

APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)		Maiden or Other Name(s) Used	
Current Address		Email Address	
City	State	Zip Code	County
Cell Number	Date of Birth	Driver's License Number	State Issued
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> African American <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other		
Church Membership	City	Pastor Name	Church Phone #

Parent or Guardian's Name _____

Permanent Address _____ City _____ State _____ Zip _____

Home Phone _____ Parent's Cell Phone _____ Do you want this parent as your emergency contact? ☐ Yes ☐ No

If No, then Preferred Emergency Contact Info: _____

FOCUS AREA

Although all of our staff helps during meal times and with cleaning facilities, please check below the focus of which you would be most interested in serving:

Full Summer Positions Available:

- | | |
|--|---|
| <input type="checkbox"/> Lifeguard* | <input type="checkbox"/> Food Preparation/Cooks |
| <input type="checkbox"/> Water Front Director/Lifeguard* | <input type="checkbox"/> Challenge Course* |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Maintenance/Challenge Course |

*Requires Certification

INTERVIEW INFORMATION

Date available for work this summer: _____ to _____

Explain dates of any other commitments or plans that may interfere with the summer camping season:

Are you available for an interview at Camp Akiva? _____ When? _____

HEALTH RECORD

Do you have the ability to perform job-related functions such as lifting (up to 40 pounds), carrying, walking, and other medium to heavy labor? ☐ YES or ☐ NO Explain: _____

If you have a disability or impairment, describe or demonstrate how you would be able to perform job related functions with or without reasonable accommodations. _____

Any food or drug allergies? _____

Any allergies that limit your ability to work outdoors? _____

Is there any reason, including those that are physical or mental health related, that might affect your ability to work with, care for, or supervise children? If so, please explain each: _____

EDUCATION DATA

High School _____ City/State _____ Date Graduated (MM/YYYY) _____

Colleges or Universities Attended:

Name & Location

Degree/Hrs Completed

Dates Attended

Course of study (major): _____ Please list any honors, special activities, or athletics: _____

List your participation in campus clubs and/or Christian organizations: _____

REFERENCES

Please provide complete information for the references below. If you have any questions, contact us at pkramar@campakiva.org

Home Pastor

Name _____

Address _____

City _____ ST _____ Zip _____

Phone _____

Email _____

Adult

Name _____

Address _____

City _____ ST _____ Zip _____

Phone _____

Email _____

Campus/Youth Minister

Name _____

Address _____

City _____ ST _____ Zip _____

Phone _____

Email _____

Adult

Name _____

Address _____

City _____ ST _____ Zip _____

Phone _____

Email _____

EMPLOYMENT DATA

List current and/or two previous places of employment. **Indicate** any employer you **do not** wish us to contact and the reason: _____

Employer	Location	Telephone	Dates Employed	Type of Work	Reason for Leaving
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List work experience related to camp. Include volunteer work.

Camp	Location	Telephone	Dates Involved	Type of Work	Supervisor's Name
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BACKGROUND

Have you been accused or convicted of a crime(s) other than traffic violations in the past 10 years?

☐ NO ☐ YES, explain: _____

Have you ever been accused or convicted of a crime in which a child was the victim?

☐ NO ☐ YES, explain: _____

Have you ever been criminally charged with any crime related to the mistreatment, abuse, or molestation of children? ☐ NO ☐ YES, explain: _____

Have you ever been accused of harassment of any person, including, but not limited to, sexual, racial, or religious? ☐ NO ☐ YES, explain: _____

I authorize Akiva to obtain information from references, employers, and churches listed herein. I also authorize any references, churches, or other organizations or employers listed in this application to give Akiva any information, including opinions that they may have regarding my character and fitness for the job for which I am applying. In consideration of the receipt and evaluation of this application by Akiva, I hereby release Akiva, any individual, church, children's organization, charity, employer, reference, or any other person or organization, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at the time result to me, my heirs, or family on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I further state that I have carefully read the foregoing release and know the contents thereof; and sign this release as my own free act. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment or release from employment at any time.

Signature

Date

Parent/Guardian's Signature of Minor

Date

Signature is required for the application to be complete.

This application will be valid for 90 days. If no decision is made by the camp as to employment within 90 days, another application should be filled out and submitted if employment is still desired.