

Shady Side Academy
DAY CAMP DISCOVERY 2008
Application for Employment

Date _____ Position Sought (circle): Counseling Administrative

First Name _____ Last Name _____ M.I. _____

Phone No. () _____ Best Time to Call _____

Home Address _____ City & State _____

Zip Code _____ Primary E-mail _____

High School Name _____

High School City/State _____ Year of Graduation _____

College Name _____

College City/State _____ Year of Graduation (or expected) _____

Major (s) _____ _____

Awards and Honors (College only, please): _____

Activities and Athletics (College only, please): _____

Special Abilities, Hobbies, or Certifications (including Red Cross, WSI, CPR, etc.):

Are you available for all six weeks of camp? Yes No

If not, what dates are you available? _____

Past Experience with Children: _____

Comfortable with ages (circle all that apply):

5 6 7 8 9 10 11 12

Previous Work Experience (Please list last THREE positions only)

Employer #1 Name & Address _____

Supervisor Name _____ Phone No. () _____

Position Held _____ Years of Employment _____

Are you currently employed at this position? _____ May we contact? _____

Briefly Describe Duties _____

Employer #2 Name & Address _____

Supervisor Name _____ Phone No. () _____

Position Held _____ Years of Employment _____

Are you currently employed at this position? _____ May we contact? _____

Briefly Describe Duties _____

Employer #3 Name & Address _____

Supervisor Name _____ Phone No. () _____

Position Held _____ Years of Employment _____

Are you currently employed at this position? _____ May we contact? _____

Briefly Describe Duties _____

References (Do not list relatives)

Professional Reference (Employment or Academic)

Name: Mr. Ms. Mrs. _____

Phone No. () _____ E-Mail Address _____

How do you know this person? _____

How long have you known this person? _____ May we contact? _____

Personal Reference

Name: Mr. Ms. Mrs. _____

Phone No. () _____ E-Mail Address _____

How do you know this person? _____

How long have you known this person? _____ May we contact? _____

Day Camp Skills

Can you do or would you be comfortable instructing the following? (circle all that apply)

| | | | |
|-------------------|-------------------|--------------|---------------|
| Swimming | Basic Music | Basic Dance | Basic Theatre |
| Tennis | Basketball | Football | Frisbee |
| Lacrosse | Golf | Hiking | Soccer |
| Baseball/Softball | Basic Arts/Crafts | Water Safety | Photography |

Please list any other activities you could teach or participate in with the Day Camp

children: _____

By signing below, I am agreeing that all provided information is true and correct at the date of submission.

Signature _____ Date _____

PLEASE SUBMIT APPLICATION TO:

Mr. Daniel Stern
Director, Day Camp Discovery
400 S. Braddock Ave
Pittsburgh, PA 15221
dstern@shadysideacademy.org