

**NORTHSIDE CHURCH OF CHRIST
YOUTH SUMMER CAMP**

Application for **VOLUNTEER Summer Employment
Teen Aide**

ALL SECTIONS MUST BE COMPLETED FOR YOU TO BE CONSIDERED AN APPLICANT

Student School I.D. # _____

*Birth date: _____

*Age: _____ (Must be 13-16 yrs. old)

Name: _____ Address: _____
(First) (Middle Initial) (Last)

City: _____ State: _____ Zip: _____ Phone #: _____

AVAILABILITY:

Total Hours Available Per Week: _____ Please List Hours Available Below

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>

How did you become aware of the position? _____ How will you get to and from work? _____

SCHOOL MOST RECENTLY ATTENDED: Please submit a copy of your most recent report card

Name: _____ Location: _____ Teacher/Counselor: _____

Phone #: _____ Last Grade Completed: _____ G.P.A.: _____ Sports/Activities: _____

Free or reduced lunch?: Yes ___ No ___ If YES, please attach a letter from the school with your student number.

Have you ever been suspended from school?: No: ___ Yes: ___ If YES, please give dates and reasons:

EMPLOYMENT RECORD: (Most Recent)

Name of Employer: _____ Dates Employed: _____ Position: _____ Salary: _____

Name of Employer: _____ Dates Employed: _____ Position: _____ Salary: _____

REFERENCES: (Not Living In Same Household)

Name: _____ Address: _____ Phone: _____ Relationship: _____

Name: _____ Address: _____ Phone: _____ Relationship: _____

Name: _____ Address: _____ Phone: _____ Relationship: _____

(Please Complete the Information On Reverse Side)

PHYSICAL INFORMATION:

Do you have or have you been treated within the last two (2) years for the following: (If YES, please indicate when).

Skin Rash: _____ Nervous Disorder: _____ Hernia: _____ Foot Trouble: _____

Heart Condition: _____ Fainting Spells: _____ Ulcers: _____

Have you had any communicable diseases within the last two (2) years other than the common cold, flu, etc.?

No: _____ Yes: _____ (If YES, please explain): _____

COVID 19 Exposure:

Have you traveled outside the country in the last 2 months? _____ Yes _____ No

Do you have a cough? _____ Fever? _____ Shortness of breath? _____

Have you knowingly been around anyone who has tested positive for COVID-19?

MISCELLANEOUS:

Have you ever been convicted of a crime?: _____ If YES, please give full details, including dates, places, and reason:

In case of emergency, please contact: _____ Phone #: _____

Address: _____ Work #: _____ Cell Phone/Pager: _____

I certify that the information given on this application is correct to the best of my knowledge, and hereby understand that falsifying any information may be grounds for termination. *I also fully understand that completing this application does not guarantee employment, only consideration.*

Signature: _____ Date: _____

NOTE: All applications MUST BE completed & returned by April 6, 2025, to Mrs. StanVonna Gaulden or the Church office - NO EXCEPTIONS.

Camp Teen Aide Interviews will be on April 26, 2025 STARTING AT 9:00am (first come, first interviewed)

For Office Use Only

Application Received By: _____ Date: _____