

**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 12-15 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 30, 2024, to Mrs. StanVonna Gaulden, Mrs. Jackie Shootes, or the Church office - NO EXCEPTIONS.

Camp Teen Aide Interviews will be on May 11, 2024, STARTING AT 9:00am (first come, first interviewed)

For Office Use Only

Application Received By:_____ **Date:**_____