



**Joseph Pfeifer Kiwanis Camp**  
 5512 Ferndale Cutoff \* Little Rock, Arkansas 72223  
 Phone (501) 821-3714 \* Fax (501) 821-2629  
 Email: pfeifercamp@gmail.com



**SERVICE APPLICATION**

Today's Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State: \_\_\_\_\_ Zip \_\_\_\_\_

Does this address match your government issued photo ID? Yes  No

If no, why? \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender:  Male  Female

I am  under 21 years old.  21 or older. If under 21 yrs old, put Date of Birth: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

Would you have your own car on site?  Yes  No

**AMERICORPS:** Have you previously served in AmeriCorps? (State/National, NCCC, Vista) Yes  No

**EDUCATION:** School Name: \_\_\_\_\_ Dates attended and highest level attained: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

**JOB EXPERIENCE:** (beginning with the most recent) Name, Phone, and Email of Employer: \_\_\_\_\_

1. Current: \_\_\_\_\_

Dates of Employment & Reason for Leaving: \_\_\_\_\_

2. \_\_\_\_\_

Dates of Employment & Reason for Leaving: \_\_\_\_\_

3. \_\_\_\_\_

Dates of Employment & Reason for Leaving: \_\_\_\_\_

Project of the Downtown Kiwanis Club



**CERTIFICATION:** Please list any relevant certifications you have received along with the expiration date (First Aid, CPR, CPI, lifeguard, WSI, ROPES Course Instructor)

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**BACKGROUND CHECKS DISCLAIMER:**

As a licensed Residential Child Care Facility and an AmeriCorps program, we are required to conduct background checks such as AR State Police, out-of-state checks if applicable, FBI fingerprint checks, National Sex Offender Public Registry and Central Registry for Child Maltreatment. Any hits on these background checks may result in disqualification.

**REFERENCES (List three, including at least one former employer. Do not list relatives):**

	<u>Name</u>	<u>Email</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**EXPERIENCE WITH YOUTH:**

Please check all of the age groups with whom you have worked and explain (i.e. camp counselor, babysitting)

I prefer working with 0-5 yr olds 6-8 yr olds 9-11 yr olds 12-14 yr olds 15-18 yr olds.

I have worked with 0-5 yr olds 6-8 yr olds 9-11 yr olds 12-14 yr olds 15-18 yr olds.

Type of Experience: \_\_\_\_\_  
\_\_\_\_\_

I have experience living/working in a residential group setting (i.e. dorm, camp)  yes  no

Type of Experience: \_\_\_\_\_

Please list any special talents you have that would help in this position (especially in the areas of nature activities, sports, waterfront activities, camp craft, music, and counseling)

\_\_\_\_\_  
\_\_\_\_\_

Please write a brief narrative including a brief biographical sketch, any relevant experience or training, why you want to work at this camp, and what contributions you feel you can make. (You may attach a separate sheet if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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