



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

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Gender: Male Female

Email: _____

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

Do you have a valid driver's license? Yes No
 Would you have your own car on site? Yes No

<p>How did you learn about the position?</p> <p><input type="checkbox"/> Friend/Word of Mouth</p> <p><input type="checkbox"/> Internet Please specify: _____</p> <p><input type="checkbox"/> Newspaper Please specify: _____</p> <p><input type="checkbox"/> Other Please specify: _____</p>
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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 (i.e first aid, CPR, CPI, lifeguard, WSI, ROPES Course Instructor)_____

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)

