

## NCRC Summer Camp

**Counselor Application Form** 

Confidential

WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND MAKE ALL EMPLOYMENT DECISIONS, INCLUDING THOSE RELATED TO RECRUITMENT, HIRING, TRAINING, PROMOTION, AND RECOGNITION OF INDIVIDUALS ON THE BASIS OF THEIR ABILITY AND JOB RELATED QUALIFICATIONS AND WITHOUT DISCRIMINATION BASED ON RACE, RELIGION, COLOR, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, AGE, DISABILITY, OR ANY OTHER CLASSIFICATION PROSCRIBED UNDER APPLICABLE FEDERAL STATE OR LOCAL LAW

## 1.) Please tell us about yourself.

Legal First Name	Middle Name	Last Name	
Preferred Name	Date Of Birth	Pronouns	
Are you proficient in a foreign language?	Yes No		
If yes, please note language(s):			
Current School Current Grade		Area of Study/Favorite Subject	
How Did You Learn About The C 2.) Please provide your perma			
Street Address			
City, State, Zip Code			
Phone Number	Email Address		
May we contact you via phone? Yes No		May we contact you via email?	

3.) Please tell us who your contacts are.

Emergency		
5	First Name	Last Name
	Phone Number	Relationship
Parent/Guardian	First Name	Last Name
	Phone Number	Relationship

4.) Please tell us about your previous experience working with children.

## 5.) Please tell us about your work interest.

Please complete this section carefully. NCRC Summer Camp will use this information to help determine your placement this summer if you are extended an employment contract. While we will attempt to place you in a position within your interest, we cannot guarantee placement based on your selections. Note that NCRC **Summer Camp** is a six-week commitment (June 20, 2023 – July 28, 2023). July 3rd and 4th are scheduled days off.

## Summer Camp Hours for Counselors:

Half Day classes 8:00 AM - 12:00 PM

Full Day classes 8:00 AM - 3:00 PM

Summer Camp Age Groups: Indicate each group that you are interested in working with; 2 and 3 year old students 3 and 4 year old students 4 and 5 year old students

Education/Employment References					
Please provide three references capable of judging your ability to perform the kind of work for which you have applied. At least one must be a former employer. <i>For recent graduates: references may be academic advisors</i> .					
					1.
(Name)	(Position)	Phone #			
(Email)					
2.					
(Name)	(Position)	Phone #			
(Email)					
3.					
(Name)	(Position)	Phone #			
(Email)					
May we contact your references prior to speaking with you?  Ves  No					

Answering yes or no to any of the above questions will not determine whether you receive an offer. The School considers all relevant facts and circumstances in making employment decisions.

I certify that the above information is correct to the best of my knowledge, and I understand that misrepresentation or omission of requested information is grounds for denial of employment or dismissal. This application becomes part of the permanent file for hired candidates.

I also understand that any offer of employment is conditioned on the completion of reference checks, pre-employment tests and documentation. I will, upon request, sign all necessary consent forms.

*I give my permission to the National Child Research Center to verify information pertaining to my application to the School, except where I request in writing that no inquiry be made.* 

I further release the School from any liability from the disclosure of the information enclosed herein.

Applicant's signature\_\_\_\_\_

Date

Please return this application to:

Patrick Douville, Director of Auxiliary Programs pdouville@ncrcpreschool.org National Child Research Center 3209 Highland Place, N.W. Washington, DC 20008

Phone (202) 363-8777 ext. 235 • Fax (202) 244-3459

Thank you for your interest in the National Child Research Center Summer Camp.