



EMPLOYMENT APPLICATION

Ages: 18+

Kiwaniis of Little Havana Foundation

June 10th – August 2nd, 2024

SLAM Miami *SLAM!*

542 N.W. 12th Ave

Name: _____

Age: _____ Date of Birth: _____

Social Security # _____

Home Address: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Email: _____

School: _____

College/University: _____

Sports Training:

_____ Baseball _____ Soccer _____ Swimming _____ Volleyball _____ Dodge Ball

_____ Basketball _____ Other(s): _____

SHIRT SIZE: S M L

Field Experience:

Have you worked at the KCLH summer camp before? YES / NO

If yes, for how many years _____

If your answer is YES, state age group that you have worked with in the past _____

Please briefly express why you wish to work at the KCLH summer camp and your commitment to the Kiwanis Club of Little Havana during the entire duration of the summer camp. Please state your obligation to the campers regarding safety of the children and ensuring continuous supervision and entertainment of the children. Feel free to use additional space in the back.

If your job application is accepted, you **MUST** commit to the full 8-week summer session.

Signature: _____

Date: _____/_____/2024



Kiwaniis of Little Havana Foundation Summer Camp 2024

COUNSELOR REGULATIONS

As Healthy Kids Summer Camp Counselors, you will help provide active, hands-on, fun, and cooperative outdoor programming designed to develop respect for self, others and the environment. Most importantly, you will have the opportunity to impact children's lives. You will be continually challenged to find new ways of teaching, motivating, and playing all summer. You will be a leader and held to high expectations as you will be the best resource camp will ever have in delivering our mission! We believe **COUNSELORS** are the heart of summer camp; you must have the confidence to positively impact anyone you meet or interact with at camp this summer! You will be the key to helping others discover, learn, and grow!

All applicants must agree to these regulations before being accepted as a Counselor. You are expected to abide by each and every one of them.

- You must have the desire and ability to work with the youth in the outdoors for extended periods of times.
- Be willing to embody activities and habits that are associated with positive role models for campers.
- Camp safety is of utmost importance. Be extremely careful in all activities.
- You must treat all campers with respect. Respect the children, respect the parents, and respect each other.
- Be patient and kind.
- You must be on time. Working hours are from 8:00 A.M. – 4:00 P.M.
- Take experiences as learning opportunities and teachable moments.
- Have a willingness to listen, learn, and be considerate of others.
- Be a part of a community built upon trust, caring attitudes, and enthusiasm.
- Be able to plan, lead, and teach games.
- Be able to work cooperatively with other staff in a team-oriented environment.
- You must have good character, integrity, adaptability, enthusiasm, sense of humor, patience, and self-control.
- Be able to accept and provide guidance and supervision.
- You may not take the children off premises except for planned activities.
- Your primary responsibility is to take care of the campers; campers must be supervised at all times; you must remain with your group always.
- You may not consume or have in your possession illegal drugs, alcoholic beverages or any tobacco products.
- You are responsible for reporting injuries suffered by any camper to the Camp Director immediately.
- You may not have any visitors during camp hours.
- Cell phone usage will be restricted to break times and emergencies only.
- Roster of campers in your group must remain up to date always.

I _____ accept the above outlined counselor regulations and I further understand that a violation of the regulations will result in the termination of my employment as a camp counselor at the Kiwanis of Little Havana Foundation Summer Camp 2024.

Signature

Date



**KIWANIS OF LITTLE HAVANA FOUNDATION
HEALTHY KIDS SUMMER CAMP 2024**

EMERGENCY CONTACT FORM

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ ZIP CODE: _____

CELL PHONE: _____ WORK #: _____

EMAIL: _____

1. NAME OF CAMPER: _____

MEDICAL PROBLEMS: _____

DOCTOR'S NAME: _____ TELEPHONE: _____

2. NAME OF CAMPER: _____

MEDICAL PROBLEMS: _____

DOCTOR'S NAME: _____ TELEPHONE: _____

3. NAME OF CAMPER: _____

MEDICAL PROBLEMS: _____

DOCTOR'S NAME: _____ TELEPHONE: _____

4. NAME OF CAMPER: _____

MEDICAL PROBLEMS: _____

DOCTOR'S NAME: _____ TELEPHONE: _____

**IN CASE OF EMERGENCY CONTACT THE FOLLOWING
AUTHORIZED PERSONS**

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

Parent/Guardian Signature

Print Full Name

Date