

## **KinderCamp Counsellor Application Form: 2025**

83 Green Lane Thornhill L3T 6K6

**\*\*\*ATTACH A COPY OF YOUR RESUME WITH THIS APPLICATION\*\*\***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: (dd/mm/yy) \_\_\_\_\_

School Attending (if applicable): \_\_\_\_\_ Grade/Year Completing (if applicable): \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

### **Employment History:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **Previous experience with children:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Skills: \_\_\_\_\_

Interests: \_\_\_\_\_

Why would you like to work at KinderCamp? \_\_\_\_\_

### **Preferences:**

**Age:** Please check off one box in each column:

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> 18 months   |   |
| <input type="checkbox"/> 2 year olds | <input type="checkbox"/> 9:00 – 1:00 (Half Day)         |
| <input type="checkbox"/> 3 year olds | <input type="checkbox"/> 9:00 – 3:30 (Extended Program) |
| <input type="checkbox"/> 4 year olds | <input type="checkbox"/> 9:00 – 3:30 (Full Day)         |
| <input type="checkbox"/> 5 year olds |   |

**Sessions:** Priority will be given to those who intend to stay for the entire summer

- ☐ 1<sup>st</sup> Session: July 2 – July 26
- ☐ 2<sup>nd</sup> Session: July 29 – August 23
- ☐ Full summer: July 2 – August 22

**Job Titles:** Number according to preference

- ☐ Camp Counselor
- ☐ ECE Teacher
- ☐ Lead Teacher
- ☐ Chef's Assistant
- ☐ Assistant Teacher
- ☐ Activity Director

**Please attach a copy of your updated Immunization records!**

**For all new applicants, please include 2 references below: (Name, Phone #, relationship)**

Please email completed form together with resume to [ariel@chabadmarkham.org](mailto:ariel@chabadmarkham.org)