

**CAMP JULIETTE LOW  
Returning Staff Application**

P. O. Box 5113  
Marietta, GA 30061  
770-428-1062  
info@cjl.org

**PERSONAL INFORMATION**

Name (as it appears on Social Security Card)		Social Security #		
Name called				
Current Address	Street	City	State	Zip
Current Land Telephone		Until what date? e-mail address		
Current Cell Phone				
Permanent Address	Street	City	State	Zip
Permanent Telephone		Best Day and Time to reach you by telephone		
Age	Birthdate	Present grade or college level		

\*Please place a star in the left-hand column next to the address where you would like information sent.

<b>SESSIONS YOU ARE AVAILABLE</b>	Pre-camp	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	Gypsy Week	ALL
*pre-camp is required								

Were you a CIT at CJL? \_\_\_\_\_ Did you complete both years? \_\_\_\_\_ How many years on staff? \_\_\_\_\_

**CURRENT CERTIFICATIONS**

Certification*	Organization (Red Cross, etc.)	Date Received	Expiration Date
Lifeguard Training			

CPR (required-current through September 1)

First Aid

AED

Other

Driver's License w/ name as it appears on license	State	#
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**\*Please attach copy of certifications and drivers license with application**

**MEDICAL AND PERSONAL HISTORY**

You must have a current medical form on file with us which requires a physical examination in the last two years. A copy of the medical form will be sent to you with your contract if you are hired.

I hereby certify by my signature on the application that:

1. I am committed to offering my best effort and ability to achieving Camp Juliette Low’s purposes and goals, and that I will abide by its governing rules, regulations and policies if my application is accepted;
2. I am physically and emotionally fit to care for and to supervise Camp Juliette Low’s campers;
3. I have never been held responsible or found guilty by any administrative, civil or criminal agency for any wrongful act or omission related to the neglect, abuse, care or supervision of children or adolescents under the age of eighteen; and
4. I understand that the Director of Camp Juliette Low may, in her sole discretion, accept or reject my application. I further understand that my application shall not be further considered if the Director determines that the information contained in this application is incomplete or inaccurate in any material respect.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Shirt size: S M L XL