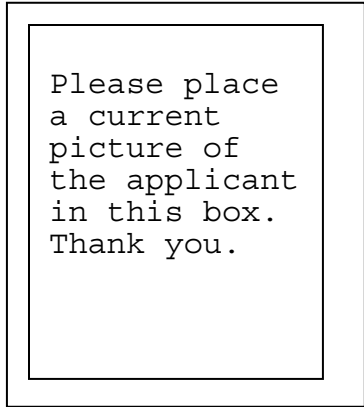


1<sup>st</sup> session (for CITs only)  
 2<sup>nd</sup> session (for CITs only)  
 both



Date \_\_\_\_\_

## CAMP MDS SUMMER CAMP EMPLOYMENT APPLICATION SUMMER 2012

Name \_\_\_\_\_ Phone \_\_\_\_\_

Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_

Social Security Number \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Age Group Desired \_\_\_\_\_ Referred By \_\_\_\_\_

### EDUCATION

School	Location	Dates Attended

### CAMP OR WORK EXPERIENCE

Employer	Position	Dates Worked	Supervisor's Name	Phone

### LIST THREE REFERENCES OTHER THAN RELATIVES OR FRIENDS

Name and Addresses	Phone	Relationship

310 West 75<sup>th</sup> Street New York, NY 10023 (212) 376-6800 x 750  
 Felecie Akerman, Camp Director,  
 917-825-6879 or [fakerman@mdsweb.org](mailto:fakerman@mdsweb.org)