



CAMP OAKHURST

Staff Information Form

(Please read our Job Opportunities and Services pages before completing this form)

Name: _____

Date of Birth: _____

Identify as: Male Female Other

Address: _____
(please use address at which you currently receive mail)

City: _____

State: _____

Zip Code: _____

Phone: _____

Email: _____

If student, list year & major. If employed, note occupation:

Highest level of education/degree earned:

Position(s) interested in: Supervisor Cabin Counselor

Activity Specialist Swimming Specialist Nurse
(crafts, music, drama, (Lifeguard certification required)
pioneering, media arts)

Dates you are available (beginning and ending): _____

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Are you interested in a year-round position? Yes No

Do you have experience at a summer camp? Yes No

Explain:

Do you have experience working with persons with physical disabilities?

Yes

No

Explain:

Please list any other related experience:

List Certifications/Licenses (Lifeguard, WSI, CPR, First Aid, RN/LPN, etc):

Once we receive this completed form, a representative from Camp Oakhurst will contact you. If you have any questions or you want further information, please don't hesitate to call us any weekday at (212) 533-4020 or (732) 531-0215, or you can e-mail us at: info@nysh.org