



Dear Parent,

We are delighted that your child is interested in applying for a CIT ECC Camp Gan Elohim position. This is a non-paid volunteer opportunity. We will notify you if your child has been accepted after receiving all the applications. Applications are due by Friday, June 7, 2019.

Re: Immunization Record and Statement of Good Health

A current immunization record is a requirement of the State of California plus a “Statement of Good Health” from your physician. Please submit a copy of these forms to the ECC Office as soon as possible. This is a requirement for all CIT volunteers.

****If you volunteered last summer we do not need another copy of your records.***

If you should have any questions, please do not hesitate to contact the ECC Office at 805-497-6920 and ask for Donna Becker or Doreen Austad or email Doreen at daustad@adatelohim.com.

Sincerely,

Donna Becker
Director, Early Childhood Center

ECC Camp Gan Elohim 2019 – CIT Application
June 17-August 9

Please Print Clearly

Date: ___/___/___

Name: _____
Last First

Age _____ Birth Date ___/___/___

Address` _____

City _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

Email address _____

References: Please give two references:

	Name	Address	Phone	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Employment Experience: Please list any experience you have had in working with children in a group and/or educational background:

Work Requirements:

You must choose which weeks and days you would like to work. Camp hours are 8:30 a.m. to 1:30 p.m.

Please indicate which weeks you want to work:

___ Week 1: 6/17-6/21

___ Week 2: 6/24-6/28

___ Week 3: 7/1-7/3

___ Week 4: 7/8-7/12

___ Week 5: 7/15-7/19

___ Week 6: 7/22-7/26

___ Week 7: 7/29-8/2

___ Week 8: 8/5-8/9

Days you will work:

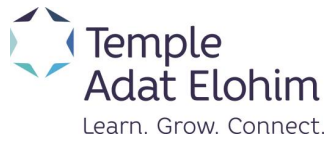
___ Tues and Thurs (2 days)

___ Monday, Wednesday and Friday (3 days)

___ Monday through Friday (5 days)

___ I am interested in working past 1:30 p.m.

Thank you for volunteering your time. Based on the number of children enrolled in camp as well as the schedules requested by CIT applicants we will inform you of your assigned weeks and days.



EMERGENCY CONTACTS

Emergency Contact 1

Name _____

Relationship _____

Home Phone _____

Work Phone _____

Cell Phone _____

Emergency Contact 1

Name _____

Relationship _____

Home Phone _____

Work Phone _____

Cell Phone _____

Additional Information we should know about you:



CIT Medical Information

Important: “Please Read”

**A current immunization record is required by the State of California.
Please submit a copy of this record along with a “Statement of Good Health”
from your physician and a copy of your vaccinations.**

***If you volunteered last summer we do not need another copy of your records.**

This is a requirement for all CITS

Date ____/____/____

Name _____

Physician’s Name _____ **Phone** _____

Dentist’s Name _____ **Phone** _____

Allergies ____ Yes ____ No

If yes, list allergies _____

If yes, allergy medication _____

Other Medication You Are Taking ____ Yes ____ No

If yes, list medication _____

Medical Condition ____ Yes ____ No If yes, explain _____

I give my permission for _____ to the agents and/or employees of Temple Adat Elohim and Camp Gan Elohim to obtain whatever medical attention my child may need in case of accident, injury, or other medical emergency.

Parent Name _____
Print

Parent Signature _____ **Date** ____/____/____

TAE Early Childhood Center Camp Gan Elohim 2019
CIT Application Packet

Date submitted _____

Please print:

Last Name _____ First _____

Age _____

Attach Recent Photo Here