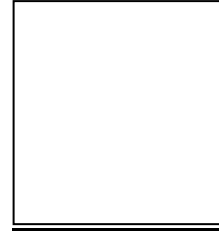


**HALIFAX OFFICE:**  
**5670 SPRING GARDEN RD 508**  
**HALIFAX, NS B3J 1H6**  
**TEL:(902) 422-7491 EXT 225 FAX: (902) 425-3722**  
**TOLL FREE 1-866-KADIMAH**  
**Email: info@campkadimah.com**  
**Website: www.campkadimah.com**



**STAFF APPLICATION FORM**

PLEASE PRINT

NAME: \_\_\_\_\_ \*AGE: \_\_\_\_\_ \*\*DATE OF BIRTH: \_\_\_\_\_

HOME MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE#:( ) \_\_\_\_\_ SIN #: \_\_\_\_\_ GENDER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MAILING PREFERENCE: BY EMAIL \_\_\_\_\_ BY REGULAR MAIL \_\_\_\_\_

SCHOOL MAILING ADDRESS(IF DIFFERENT FROM ABOVE):

\_\_\_\_\_ PHONE#: \_\_\_\_\_

EMERGENCY CONTACT: NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS AND CELL PHONE IF DIFFERENT FROM ABOVE: \_\_\_\_\_

EDUCATIONAL STATUS COMPLETED\*\*\*: \_\_\_\_\_

PROVINCIAL MEDICAL #: \_\_\_\_\_ EXP \_\_\_\_\_

ARE YOU CURRENTLY INVOLVED IN YOUTH PROGRAMMING? (PROVIDE DETAILS):

\_\_\_\_\_

NUMBER OF YEARS AS A CAMPER AT KADIMAH (NOT INCL CIT) \_\_\_\_\_

CIT AT KADIMAH \_\_\_\_\_ BILUIM CANADA \_\_\_\_\_

YJ ISRAEL \_\_\_\_\_

NUMBER OF YEARS AS A CAMPER AT OTHER JEWISH SUMMER CAMPS \_\_\_\_\_

PREVIOUS STAFF POSITIONS (AT KADIMAH OR OTHER):

CAMP \_\_\_\_\_ YEAR \_\_\_\_\_ POSITION \_\_\_\_\_

CAMP \_\_\_\_\_ YEAR \_\_\_\_\_ POSITION \_\_\_\_\_

CAMP \_\_\_\_\_ YEAR \_\_\_\_\_ POSITION \_\_\_\_\_

**SWIMMING QUALIFICATIONS: (Swim staff must have current NLS and WSI)**

CURRENT STATUS: \_\_\_\_\_

\* AGE AS OF DECEMBER 31, 2008(Y/M/D). Please note that applicants must be 18 years of age or older in order to be eligible.

\*\*INCLUDE A COPY OF BIRTH CERTIFICATE

\*\*\* EDUCATION AS OF JUNE 30, 2008

TEACHING QUALIFICATIONS (PLEASE ATTACH COPIES OF ANY CERTIFICATES /QUALIFICATIONS):

---

---

**BOATING QUALIFICATIONS: Please list any National or Provincial awards or certifications for sail, canoe or ski**

---

---

**APPLICATION FOR SPECIALTY/BUNK STAFF: (please mark your top choices 1, 2 or 3)**

Arts & Crafts \_\_\_\_ Canoeing \_\_\_\_ Drama \_\_\_\_ Israeli Song & Dance \_\_\_\_  
Judaic Instruction \_\_\_\_ Swim \_\_\_\_ Landsports \_\_\_\_ Office \_\_\_\_  
Sailing \_\_\_\_ Scouting/tripping \_\_\_\_ Technical \_\_\_\_ Water-skiing \_\_\_\_  
Other \_\_\_\_\_

**PREFERRED AGE GROUP**

1ST \_\_\_\_\_ 2ND \_\_\_\_\_

**JEWISH EDUCATIONAL HISTORY**

SCHOOL ATTENDED: \_\_\_\_\_

NUMBER OF YEARS ATTENDED: \_\_\_\_\_ DAY OR EVENING: \_\_\_\_\_

Do you read, write or speak Hebrew? Level: Beginner \_\_\_\_ Intermediate \_\_\_\_ Advanced \_\_\_\_

Are you able to participate in all activities? \_\_\_\_\_

Physical disabilities if any? \_\_\_\_\_

Please indicate any dietary restrictions? \_\_\_\_\_

Have you ever been expelled or suspended from any camp or school? (If yes, please elaborate)

---

**• I understand that I may be required to go on an overnight camping or canoe trip**

Please give three references (not relatives) who would be able to give an accurate opinion of your ability to work in a residential camp setting, including those who have observed you working with children or in a position of leadership. If you have not been to Kadimah before please attach an additional sheet with your employment history.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_

**What contribution to Camp Kadimah and Jewish life do you feel you can accomplish this summer as a staff member? ( Please attach a separate sheet if insufficient space.)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a criminal offense? If so please provide details.

\_\_\_\_\_

Prior to being employed at camp a satisfactory criminal record check is required. The camp requires that you provide the information. Instructions regarding your criminal check will be sent with contracts offered.

**First year staff interviews will take place in Toronto and Halifax in November or December.**

**I am able to interview in:**

**Toronto:** \_\_\_\_\_ **Halifax:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**I am available for interview: immediately** \_\_\_\_\_ **After (mark date)** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**CAMP KADIMAH- 5670 SPRING GARDEN RD, SUITE 508  
 HALIFAX, NOVA SCOTIA B3J 1H6 (902) 422-7491 ext 225  
 STAFF MEDICAL FORM**

**SECTION A: TO BE COMPLETED BY STAFF MEMBER (AND RETURNED WITH APPLICATION)**

NAME: \_\_\_\_\_ DATE OF BIRTH (Y/M/D) \_\_\_\_\_  
 NAME OF NEXT OF KIN: \_\_\_\_\_  
 (for those under 19 years of age parent/guardian) \_\_\_\_\_  
 COMPLETE ADDRESS: \_\_\_\_\_  
 TELEPHONE NUMBERS: HOME \_\_\_\_\_ WORK \_\_\_\_\_

**PROVINCE AND HEALTH NUMBER** \_\_\_\_\_ **Exp:** \_\_\_\_\_

**ALLERGIES: a) FOOD** \_\_\_\_\_

**b) MEDICATION** \_\_\_\_\_

**c) ENVIRONMENTAL** \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

CURRENT HEALTH PROBLEMS: \_\_\_\_\_

PREVIOUS SURGERY: \_\_\_\_\_

**MEDICAL HISTORY**

INDICATE PROBLEMS WITH:

1. EYES, EARS, NOSE, THROAT \_\_\_\_\_
2. ASTHMA, BRONCHITIS \_\_\_\_\_
3. HEART PROBLEMS \_\_\_\_\_
4. HEADACHES, SEIZURES, EPILEPSY \_\_\_\_\_
5. ABDOMINAL PAIN, CONSTIPATION, DIARRHEA \_\_\_\_\_
6. JOINT OR MUSCLE PROBLEMS \_\_\_\_\_
7. CHICKEN POX, MEASLES, WHOOPING COUGH \_\_\_\_\_
8. IMMUNIZATION SCHEDULE COMPLETED \_\_\_\_\_
9. INDICATE ANY PROBLEMS WITH NON-PRESCRIPTION DRUGS OR ALCOHOL \_\_\_\_\_

10. INDICATE ANY HISTORY OF EATING DISORDERS \_\_\_\_\_

11. INDICATE ANY HISTORY OF PSYCHOLOGICAL PROBLEMS- INCLUDING ATTENTION DEFICIT DISORDER, PANIC ATTACKS, OR DEPRESSION: \_\_\_\_\_

ELABORATE ON "YES" ANSWERS: \_\_\_\_\_

It is understood that if any of the above questions are not accurately or truthfully answered, any job offer can be withdrawn at the discretion of the camp. If I am employed at camp, I may be subject to immediate termination with loss of all pay.

All Prescription or other medical expenses not covered by staff member's Provincial Insurance is at the individual's own expense and *will not be paid by camp*. I hereby give my permission for the administration of such medications, treatments and procedures by a nurse, physician or qualified health professional in the event of a non-emergency medical situation.

It is understood, that should any emergency occur, every attempt will be made for contact. However, if for any reason, I am unable to be reached, I hereby give my permission for the administration or performance of such treatment or procedure such as an anesthetic or surgery by a physician as decided by the camp director and camp physician.

DATE \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 (Parent or Guardian for those under 19 yrs.)

Unless this form has been properly completed and signed by a qualified physician, your contract for employment will be considered void. (Please complete and return no later than January 31, 2007) It is essential that all staff have a pre-camp check-up by their regular physician.

STAFF NAME: \_\_\_\_\_

SECTION B: TO BE COMPLETED BY PHYSICIAN

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

EXAM:

HEAD & NECK \_\_\_\_\_

RESP. \_\_\_\_\_

C.V. \_\_\_\_\_

G.I. \_\_\_\_\_

G.U. \_\_\_\_\_

M.S. \_\_\_\_\_

NEURO. \_\_\_\_\_

PSYCH. \_\_\_\_\_

CURRENT MEDICATION: \_\_\_\_\_

ELABORATE ON ANY MEDICAL CONDITIONS OR CONCERNS: \_\_\_\_\_

ANY SPECIFIC DIET RESTRICTIONS: \_\_\_\_\_

ANY RESTRICTION OF ACTIVITIES: \_\_\_\_\_

DR: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PLEASE ADVISE STAFF MEMBER TO BRING SUFFICIENT SUPPLY OF MEDICATION FOR THE ENTIRE LENGTH OF CAMP.

PLEASE SEND MEDICAL TO:

CAMP KADIMAH  
5670 SPRING GARDEN RD #508  
HALIFAX, NS  
B3J 1H6  
TEL: (902) 422-7491 EXT 225  
FAX: (902) 425-3722  
TOLL FREE: 1-866-KADIMAH