



Return to:
Youth Camp Director
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Summer CIT Application

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list two references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Previous Volunteer Experience (If Any)

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Responsibilities: _____
 From: _____ To: _____

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Responsibilities: _____
 From: _____ To: _____

Camp Experience

Dates	Camp and Director	Location	Camper or Staff?

Write a brief description about why you would like to volunteer at the camp at the LBIF, including what kind of tasks you are most interested in volunteering with:

What camp would you like to volunteer at?

What dates are you looking to volunteer?

Criminal Record: Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please describe. (Note: a prior conviction is not an automatic bar to employment. The type of conviction and when it occurred will be evaluated by the camp before a decision is made.)

- Yes
- No

Explain _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature (If underage, signature of legal guardian): _____ Date: _____