

**2024 OLD TAPPAN CAMP SERENDIPITY  
APPLICATION FOR EMPLOYMENT**

6/27-7/26 (no camp 7/4 or 7/5)

**(Please Print Clearly)**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ (Must be 14 BY 1<sup>st</sup> day of camp) T-Shirt (Adult): \_\_\_S \_\_\_ M \_\_\_ L

(If you are under 18 on the date camp starts you must fill out Working Papers each year)

**Education**

Grammar: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_

**Former Employers**

Name and Address of Employer(s)

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

**References**

Names & phone numbers of two persons not related to you.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Position Applying For**  
*(Assignments based on needs of the Camp)*

Please select from list below:

**CIT:** (rising 8<sup>th</sup> grade only) \_\_\_\_\_

**Group Counselor-Assigned to a Group:** (entering HS Freshman and above) \_\_\_\_\_

**Activities Counselor:** (entering Soph. and above) \_\_\_\_\_

\*These Counselors are responsible to set up/breakdown/organize specific Activities

If applying for an Activities Counselor position, please select area of interest below:

Sports Activities \_\_\_\_\_

Arts and Crafts Activities \_\_\_\_\_

Music Activities \_\_\_\_\_

**Camp Supervisor:** Oversee Sr./Jr./CIT Counselors/Programs (Must be 18+) \_\_\_\_\_

**Availability**  
*(please check **ALL** that apply)*

**Regular Day Camp** (6/27- 7/26-Mon-Fri) 8:45-1:00 \_\_\_\_\_

**After Care** (6/27-7/26 Mon-Fri) 1PM-TBD \_\_\_\_\_

Please answer the following:

1. Why do you want to work at Camp Serendipity?

2. Why do you believe you are qualified for the position you are applying for:

3. Are you available for the entire camp season (6/27-7/26) \_\_\_\_\_

4. If not, please indicate dates you would not be available to work \_\_\_\_\_  
(We strongly encourage our Counselors to be available for the entire camp season...and we NEED to know these days in advance of camp starting)

In case of emergency notify: Name/Phone \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Return Application To:

Gloria Wiesner

227 Old Tappan Road

Old Tappan , NJ 07675

Questions: [Recdirector@oldtappan.net](mailto:Recdirector@oldtappan.net)

(Do not write below this line.)

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Interviewed by: \_\_\_\_\_

Position: \_\_\_\_\_

Salary: \_\_\_\_\_