



**AVIATOR SPORTS
SUMMER DAY CAMP
STAFF QUESTIONNAIRE 2024**

HANGAR 5, FLOYD BENNETT FIELD
BROOKLYN, NY 11234

(P): (718)-758-7511 (Human Resources)

(F): (718)-758-9801

Camp Dates: _____

Date: _____

Availability: Any open days beginning **June 10, 2024**
(Please list your dates of availability on the line above)

Please note that Full Summer availability will be taken into consideration when making staff selections

PLEASE SELECT ALL APPLICABLE POSITIONS:

(Please Check box to left of desired position/s)

____ Division Leader (Camp Manager to Counselors)

____ Lifeguards/Swim Instructor

____ Counselor

____ Administrative Staff

____ Art Instructor

____ Theater/Dance

____ Rock Wall Instructor

____ Optional Staff Options:

(please select if you are interested in working additional hours below)

1.) ____ Early Stay Counselor/Late Stay Counselor (7:45 AM – 9:00AM, 5:00PM – 6:15PM)

2.) ____ Bus Counselor (Pick up and drop off times determined by route selected)

APPLICANT INFORMATION:

Last Name:

First Name:

Address:

City:

Zip:

Home Phone: _____ Cell Phone: _____

Email:

T-Shirt Size: XS S M **L** XL XXL XXXL

School/College Attending:

Grade/Year:

Do you have a valid CPR and/or RTE certification? Yes: ____ **No:** ____ Date _____

Do you speak any languages other than English? If so, please list: _____

Previous/Current Work Experience

<u>Name of Organization/Camp</u>	<u>Date of Employment</u>	<u>Position/Title</u>

DIVISION PREFERENCE: (Please list Divisions on a 1-4 scale with one being most preferable).
Aviator can not guarantee that you will be working for your first choice.

Younger Division (Grades 1-3) ____ Older Division (Grades 4-6) ____ Teen Division (Grades 7-9)

What is camp? Why is camp an integral part of a child’s upbringing?

If granted the opportunity to create or bring something new into Aviator’s Camp program this year (activities, structure, etc.), what would you do?

Please list any skills, extracurricular activities, leadership positions, or awards you have received.

- 1.) _____
- 2.) _____
- 3.) _____

I certify that my answers to the proceeding questions are true and complete. I understand that any misrepresentation or omission of facts on this questionnaire will be cause for rejection of this questionnaire.

Print Name: _____

Signature: _____

Date: _____

-----**FOR OFFICE USE ONLY**-----

Interviewed by: _____

Date: _____

Comments:

Hired: Yes _____ No _____ Position: _____