

Required for ALL applicants

Please attach a current photo of yourself in order for your application to be processed.



For office use only

_____ / _____

Notes: _____

_____ / _____

Notes: _____

SUPERVISOR APPLICATION – SUMMER 2026

APPLICANT INFORMATION				
Name		Home Phone		Cell Phone
Address			Email Address	
City	State	Zip	Date of Birth	Social Security
High School			Occupation	
Seminary			Employer	
Application				
Trip I <input type="checkbox"/> Staff Dates: June 28 – July 26, 2026		Trip II <input type="checkbox"/> Staff Dates: July 27 – August 23, 2026		
Please note the dates of the trips indicated above. You will be expected to be in camp for the entire duration. Supervisors are only allowed one absence per trip.				
Reason for trip preference _____				
Experience				
Where have you spent the past four summers?				
Year	Trip I	Capacity/Age Group	Trip II	Capacity/Age Group
2025				
2024				
2023				
2022				
Did you participate in any extra-curricular activities in high school? Please explain.				
What have you been doing since completing seminary?				

Describe your experiences working with children. Give ages, length of time, and activities.

Abilities

Place a star next to the activity you can do well and a check next to those you would like as a main or secondary job.

- | | | | |
|---|---|---|---|
| Aerobics <input type="checkbox"/> <input type="checkbox"/> | Basketball <input type="checkbox"/> <input type="checkbox"/> | Newspaper <input type="checkbox"/> <input type="checkbox"/> | Shiur <input type="checkbox"/> <input type="checkbox"/> |
| Art <input type="checkbox"/> <input type="checkbox"/> | Computers <input type="checkbox"/> <input type="checkbox"/> | Photography <input type="checkbox"/> <input type="checkbox"/> | Singing <input type="checkbox"/> <input type="checkbox"/> |
| Arts & Crafts <input type="checkbox"/> <input type="checkbox"/> | Food decorating <input type="checkbox"/> <input type="checkbox"/> | Props <input type="checkbox"/> <input type="checkbox"/> | Sports <input type="checkbox"/> <input type="checkbox"/> |
| Baking <input type="checkbox"/> <input type="checkbox"/> | Jewelry making <input type="checkbox"/> <input type="checkbox"/> | Sewing <input type="checkbox"/> <input type="checkbox"/> | Video <input type="checkbox"/> <input type="checkbox"/> |

Other _____

Are you tech savvy? Yes No Details _____

Do you play a musical instrument? Yes No Instrument _____ How long? _____

Do you possess a current lifeguard and CPR certification? Yes No

How can you contribute to camp?

References

Provide two references.

Name	Position	Phone Number
Name	Position	Phone Number

HOUSEHOLD INFORMATION

Father			Mother		
Title	First Name	Last Name	Title	First Name	Last Name
Email Address		Cell Phone	Email Address		Cell Phone
Occupation and Employer			Occupation and Employer		
Marital Status Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>			Emergency Contact Name and Relationship		Emergency Contact Phone Number

LEGAL AND SIGNATURE

On the recommendation of our insurance company to conform with the New York State guidelines, we are asking the following question. Have you ever been convicted of any crime, including sex related or child abuse related offenses? Yes No

Applicant Signature	Date
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Please mail or email completed applications to:
Carmi Homburger
1493 East 9th Street
Brooklyn, NY 11230
carmihom@gmail.com