



Murray Camp of Nantucket, Inc.  
12 Edgewood Rd.  
Newton Massachusetts 0265  
Tel. 508-325-4600  
ackmurraycamp@gmail.com

**PLEASE SCAN or MAIL COMPLETED FORMS TO:**

[Ackmurraycamp@gmail.com](mailto:Ackmurraycamp@gmail.com) or post to:

Murray Camp of Nantucket Island, Inc. (academic year mailing address)  
12 Edgewood Rd., Newton, Massachusetts 02465

**EMPLOYMENT APPLICATION FOR DAY CAMP STAFF**

**DATE:** \_\_\_\_\_

Name: _____	Soc. Sec.#_ ( last 4 digits) _____
HOME ADDRESS: _____	MAILING ADDRESS: _____
street: _____	street: _____
city: _____	city: _____
state: _____ zip: _____	state: _____ zip: _____
phone: _____	phone: _____
e-mail: _____	e-mail: _____

**PERSONAL**

Married \_\_\_\_\_ Single \_\_\_\_\_, Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Driver license state and number : \_\_\_\_\_  
(Please enclose a photocopy of your license, with this application)

Current extra-curricular activities: \_\_\_\_\_  
\_\_\_\_\_

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

**EDUCATION**

School name Current grade or year graduated degree  
High school: \_\_\_\_\_  
College: \_\_\_\_\_  
Graduate School: \_\_\_\_\_

**SPECIAL ABILITIES** Write "1" before those activities in which you have been a leader/;

Write "2" before those in which you feel competent.

☐ Clay ☐ Group Games ☐ Dramatics ☐ Art ☐ Crafts  
☐ Swimming ☐ Surfing ☐ Sailing ☐ Kayaking { } Paddle-boarding  
☐ Baseball ☐ Soccer ☐ Basketball {Tennis}

How well do you Swim? { } Excellent ☐ Fair ☐ Not at all

Indicate with an "X" if you are currently certified in any of the following areas:

☐ First Aid/ AED ☐ Life Guard Training ☐ CPR ☐ WSI { } teacher certification { } other \_\_\_\_\_  
(Please enclose photocopies of your certifications with this application)

**CAMP EXPERIENCE**

List the camps/programs/schools that you have been employed by (and positions held) / year

_____	/	_____	/	_____
_____	/	_____	/	_____
_____	/	_____	/	_____

**ADDITIONAL EXPERIENCE WORKING WITH CHILDREN:**

_____
_____
_____

**WHY DO YOU WISH TO JOIN THE MURRAY CAMP STAFF?** Please specify which position you are applying for, age group with whom you feel most comfortable working with and activity areas in which you feel most comfortable teaching or assisting with: Please mention why you would be an ideal candidate

_____
_____
_____
_____

**Have you been convicted of a misdemeanor or felony?** ☐ yes ☐ no ☐

**If yes, please explain:**

_____
_____
_____

I am available for interviews in the Nantucket or Boston area on \_\_\_\_\_. I am able to begin work at camp by June 25, 2018 through August 17, 2018, I have answered all of the questions on this application to the best of my ability.

I understand that a requirement for employment will be a satisfactory Criminal Background check as well as a satisfactory Sexual Offender background check (Download these forms from the camp website) and include with your application.

**\*If I am not a Massachusetts resident, I am aware that I must provide criminal background check documentation from my state of residence prior to an offer of employment being made and as well. I am enclosing the required sexual offender form from the camp website required of all applicants.**

I have secured island summer housing at the following Nantucket address **(REQUIRED):**

_____
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Applicant Signature

Date

**WORK HISTORY FOR:** \_\_\_\_\_  
**NAME**

In compliance with new state regulations, we must show a work history for every Camp employee. This includes babysitting and/or volunteer work.  
Please list below your work history from the last five years, including the name of The company, contact person and telephone number:

1. \_\_\_\_\_  
company date of employment

\_\_\_\_\_

contact person telephone # & e-mail

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2. \_\_\_\_\_  
company date of employment

\_\_\_\_\_

contact person telephone # & e-mail

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3. \_\_\_\_\_  
company date of employment

\_\_\_\_\_

contact person telephone # & e-mail

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\_\_\_\_\_

# MURRAY CAMP REFERENCES

Date: \_\_\_\_\_

For: \_\_\_\_\_  
Applicant's name

\*Please include 4 references even if you do not have 2 professional and 2 personal.

**\*\*THESE REFERENCES MAY NOT BE RELATIVES.**

## **Professional**

1. Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

## **Personal**

3. Name: \_\_\_\_\_  
Relationship to you; \_\_\_\_\_  
Email Address; \_\_\_\_\_  
Telephone #: \_\_\_\_\_

## **Professional**

2. Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

## **Personal**

4. Name: \_\_\_\_\_  
Relationship to you; \_\_\_\_\_  
Email Address; \_\_\_\_\_  
Telephone #: \_\_\_\_\_

Please note that all staff are required to submit current Child CPR and First Aid/ Epi Pen Training certifications and submit copies of an official ID and immunization record .

Massachusetts law requires that all applicants download and submit the completed Sori; Sexual Offender form and submit it to the camp regardless of state or residence and the Cori form for Massachusetts residents ( both found on this website).

Out of state applicants must apply for, obtain and submit criminal background clearance from their state of residence. Request your local state office from camp administration.