

2026 Camp Hoover Returning Summer Camp Staff Application

For:

Select the position(s) you are applying for:

Please check all of the positions you are interested in applying for at Camp Hoover:

- | | |
|--|---|
| ☐ Lifeguard (Must be at least 15 years of age) | ☐ Counselor (Must be at least 18 years of age) |
| ☐ Assistant Camp Ranger (Must be at least 16 years of age) | ☐ Program Specialist (Must be at least 18 years of age) |
| ☐ Housekeeper (Must be at least 18 years of age) | ☐ Unit Leader (Must be at least 18 years of age) |
| ☐ Junior Counselor (Must be at least 16 years of age) | ☐ Assistant Camp Director (Must be at least 21 years of age) |
| ☐ Kitchen Staff (Must be at least at least 16 years of age) | ☐ Health Supervisor/Assistant (Must be at least 21 years of age) |
| ☐ Media Coordinator (Must be at least 18 years of age) | ☐ Driver (Must be at least 21 years of age) |
| ☐ Trading Post Manager (Must be at least 18 years of age) | ☐ Head Cook/Assistant Cook (Must be at least 21 years of age) |
| ☐ Aquatics Director (Must be at least 18 years of age) | ☐ Wellness Coordinator (Must be at least 21 years of age) |

Are you currently a Per Diem staff member?

- ☐ Yes ☐ No

Why are you interested in working at a camp for the summer?

What is one talent you can bring to the camp community?

Has anything changed for you that you would like us to know?

Do you know of any reason why you would not be able to perform the essential functions of the position(s) for which you are applying (as noted in the Essential Functions document), with or without reasonable accommodation?

- ☐ Yes ☐ No

If you answered "Yes", what accommodations might be necessary?

T-shirt size (NOTE: all staff shirts are unisex size)

Camp Hoover full summer dates: **06/26/2026 - 8/16/2026**

For: _____

I am available to work the whole summer:

☐

Yes

☐

No

If you answered "No", please list the dates you are NOT available to work:

I have read and agree to the following:

- I certify that the entries made by me on this form are true, complete, and accurate to the best of my knowledge, and are made in good faith and voluntarily. I understand that any false, misleading, or omitted statements or answers by me may disqualify me or will be sufficient grounds for termination, regardless of the time of discovery.
- I hereby consent and voluntarily authorize Girl Scouts Heart of New Jersey to obtain an independent criminal history record background report, a request from any Central Registry of child abusers, and a Social Security number validation report. In addition, a drug screen for all applicants. I understand that the background check requires my full name, date of birth, and if applicable, driver's license number and Social Security number.
- I understand that I will receive a complete and accurate disclosure of the nature and scope of the background verification, in the event such investigation negatively affects my placement.
- I further authorize said Council to request or receive information, including motor vehicle reports and references from any persons, schools, or previous employers only if pertinent to my potential work. I understand the information I have provided may be verified by contacting persons or organizations listed in the application.
- I authorize investigation of all statements herein and release Girl Scouts Heart of New Jersey and all others from liability in connection with same.
- In event of my employment by Girl Scouts Heart of New Jersey, I will comply with all policies set forth in the seasonal procedures and applicable GSHNJ Council policies. I understand and agree that I will be assigned as needed.
- I understand that training is required for all positions and agree to participate in training as it is offered.
- I understand and agree that if employed, there is no contract for employment and my employment will be solely an employment as needed, giving Girl Scouts Heart of New Jersey the right to terminate my employment at any time without notice, liability or obligation except for my regular pay through date of termination.
- I understand that all statements become part of any future Girl Scouts Heart of New Jersey employee personnel file.

Yes, this form is complete and accurate.

Signature _____

Date _____