

2024 COUNSELOR APPLICATION

AUGUST 3rd – AUGUST 10th



HOPE WITH HEART
PO BOX 354
WALDWICK, NJ 07463

973.568.1217
HOPEWITHHEART.ORG

Dear Prospective HWH Counselor,

Hope With Heart is truly looking forward to Camp 2024! Our session will run **Sunday, August 4 to Saturday, August 10, 2024 with Counselors reporting for training on Saturday, August 3rd.** Please be sure to keep our application deadline of **June 1, 2024** in mind. If there are any issues or concerns you have about meeting the deadline please contact our Camp Director, Alissa Gretina, right away via email or by phone so she can address any concerns.

Alissa's contact information: HopeWithHeartApp@gmail.com | Cell: 973-568-1217

INITIAL CONTACT: We ask that you take a moment today to send an intent email to Alissa Gretina (HopeWithHeartApp@gmail.com) with your contact information. This will let us know immediately that you plan on volunteering for camp. Please adhere to this request promptly, as it allows us to efficiently arrange staffing for camp. Thank you in advance for sending your intent email right away.

APPLICATION: You must be 18 years of age by August 3, 2024 to apply to be a counselor. Please complete all parts of the attached application and submit. **APPLICATION MUST BE SUBMITTED BY JUNE 1, 2024.**



Applications should be emailed or hard-copy mailed to:

- Email: HopeWithHeartApp@gmail.com
- Mail: Hope With Heart, PO Box 354, Waldwick, NJ 07463

Thank you for sharing your heart and showing your love for Hope With Heart!

Sincerely,

Alissa Gretina
Hope With Heart Camp Director

P.S. Your Counselor Application Deadline is June 1, 2024.



Application questions?

Please contact
our Camp Director,
Alissa Gretina:
973-568-1217 or
[HopeWithHeartApp@
gmail.com](mailto:HopeWithHeartApp@gmail.com)

Medical questions?

Please contact
Dr. George Kipel
at 201-741-0683

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ABOUT YOU

Name (first and last): _____

Preferred First Name: _____ Gender Identity: _____

Date of Birth: ____ / ____ / ____ Age on first day of camp (August 3, 2024): _____

Street Address: _____

City, State, Zip: _____

Email: _____

Cell Phone: _____

Social Security Number: _____

I have a valid drivers license:

Yes No

License Number: _____

State: _____ Expiration Date: _____

T-SHIRT SIZE!

Please circle your t-shirt size:

- Small
- Medium
- Large
- X-Large
- XX-Large

EMERGENCY CONTACT

ALL APPLICANTS **MUST** COMPLETE THIS SECTION IN FULL. EMERGENCY CONTACT MUST BE 21 YEARS OF AGE OR OLDER

First & Last Name: _____ Relationship: _____

Street Address: _____

City, State, Zip: _____

Email: _____

Day Phone: _____ Night Phone: _____

Cell Phone: _____ Preferred Phone: Day Night Cell

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ABOUT YOU & CAMP

1. My age group preference (no assurance is made):

7-11 12-15 16-17 No Preference

2. I can perform the essential functions of the job for which I am applying, with or without reasonable accommodation:

Yes No Unsure

3. Please rate your experience and skills in the following areas on a scale of 0 to 5 (0=no experience or skills; 5=highly experienced and skilled):

Arts & Crafts:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
CPR:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Lifeguard:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Drama & Theater:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Sports:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Music:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Teaching/Coaching:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

4. The State of New Jersey requires us to report medications being dispensed during our week of camp. Please list prescription medications you would need to bring with you to camp.

NAME OF MEDICATION(S)	AMOUNT OF DOSAGE	NUMBER OF TIMES PER DAY	EXACT TIME OF ADMINISTRATION

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EMPLOYMENT HISTORY



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ABOUT YOUR CURRENT EMPLOYMENT STATUS

Full-time Student Part-time Student Full-time Employee Part-time Employee

School or Employer Name: _____

Street Address: _____

City, State, Zip: _____

School or Employer Phone: _____

School or Employer Email: _____

Please describe your education major and / or your job responsibilities:

May we contact this employer? If not, why? _____

ABOUT YOUR PAST EMPLOYMENT HISTORY

Please provide a full record of employment (paid and volunteer). Explain any gaps in employment. Include any positions on camp staff. Use a separate sheet if necessary.

1. Dates of Employment: _____

Employer and Supervisor: _____

Address and Phone: _____

Nature of work: _____

Reason for leaving: _____

May we contact this employer? YES | NO If not, why? _____

2. Dates of Employment: _____

Employer and Supervisor: _____

Address and Phone: _____

Nature of work: _____

Reason for leaving: _____

May we contact this employer? YES | NO If not, why? _____

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3. Dates of Employment: _____
Employer and Supervisor: _____
Address and Phone: _____
Nature of work: _____
Reason for leaving: _____
May we contact this employer? YES | NO If not, why? _____

4. Dates of Employment: _____
Employer and Supervisor: _____
Address and Phone: _____
Nature of work: _____
Reason for leaving: _____
May we contact this employer? YES | NO If not, why? _____

SPECIAL CERTIFICATIONS

Please list all valid, relevant, certifications you have (i.e. CPR, Lifeguard...). Use a separate sheet if necessary.

1. Title of Certification: _____
Issued by: _____
Issued date: _____
Expiration date: _____

2. Title of Certification: _____
Issued by: _____
Issued date: _____
Expiration date: _____

3. Title of Certification: _____
Issued by: _____
Issued date: _____
Expiration date: _____

2024 COUNSELOR APPLICATION REFERENCES & EDUCATION



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REFERENCES

Provide names and addresses of three persons (not relatives) having knowledge of your character, experience, work habits, and ability.

1. First & Last Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Preferred Phone Number: _____

2. First & Last Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Preferred Phone Number: _____

3. First & Last Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Preferred Phone Number: _____

EDUCATION

High School and beyond. Use a separate sheet if necessary.

1. Dates: _____ Degree earned: _____

School name: _____

City, State: _____

Major subjects: _____

2. Dates: _____ Degree earned: _____

School name: _____

City, State: _____

Major subjects: _____

3. Dates: _____ Degree earned: _____

School name: _____

City, State: _____

Major subjects: _____

2024 COUNSELOR APPLICATION CONSENT FORM



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HARASSMENT

This camp's policy is to prohibit all forms of harassment by our employees. This includes sexual, racial, religious, and other forms of harassment. Have you ever been accused of harassment of any person including, but not limited to, workplace harassment?

Yes No

If yes, please explain: _____

CRIMINAL RECORD

Have you ever been convicted of a crime, other than a minor traffic offense?

Yes No

If yes, please explain: _____

Note: a prior conviction is not an automatic bar of employment. The type of conviction and when it occurred will be evaluated by Hope With Heart before a decision is made.

AUTHORIZATION

I authorize investigation of all statements herein, including any checks of criminal records background, and release Hope With Heart and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by a designated official of Hope With Heart. I also understand that if untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by Hope With Heart.

Signature: _____ Date: _____

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WHY HOPE WITH HEART?



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1. How did you hear about Hope With Heart? _____

2. Tell us about yourself. Include specialized training or experience which might have a bearing on being a Hope With Heart Counselor. Attach a separate sheet or resume if necessary: _____

3. Please share with us why you are interested in being a Hope With Heart Counselor: _____

 **FOR OFFICE USE ONLY**
• RECEIVED _____ • REVIEWED _____ • RECOMMENDATION _____