



Administrative Camp Director:
Alisa Zitofsky
Wee Friends Camp & School Director
Linda Zryb

CAMP ICONIC/WEE FRIENDS STAFF APPLICATION

NAME _____ **DATE** _____
ADDRESS _____ **PHONE** _____
_____ **CELL** _____
EMAIL ADDRESS _____

SOC. SEC. # _____ **DATE OF BIRTH** _____

REFERRED BY _____

EDUCATION BACKGROUND:

LIST ALL DEGREES AND/OR CERTIFICATES:

EDUCATIONAL/CAMP RELATED EXPERIENCE:

INTERESTS/HOBBIES:

REFERENCES: INCLUDE NAME, TITLE, PHONE NUMBER

PERSONAL:

1. _____
2. _____

PROFESSIONAL:

1. _____
2. _____