

# KAYEFET AFTER SCHOOL CARE EMPLOYMENT APPLICATION

## Student Aide

<b>Name (Parent)</b>		
<b>Home Phone:</b>	<b>Business Phone:</b>	<b>Cell:</b>
<b>Present Address:</b>	<b>City</b>	<b>Zip</b>
<b>Email Address:</b>		

<b>Students Name</b>	<b>Grade</b>	<b>Date of Birth</b>

Have you worked with children before? \_\_\_\_\_  
Yes No

When and Where? \_\_\_\_\_

**BACKGROUND INFORMATION:**

**References: (Please provide names, addresses, phone numbers and emails of three persons (not relatives) having knowledge of your character, experience and ability.**

NAME	ADDRESS	PHONE	EMAIL

On what date are you available to begin working as a student aid? \_\_\_\_\_

What days are you available to work?

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

What special interests could you share with the children?

Sports\_\_\_\_\_ Which one's? \_\_\_\_\_  
Gardening\_\_\_\_\_  
Jewelry Making\_\_\_\_\_  
Drama/Dance\_\_\_\_\_  
Arts and Crafts\_\_\_\_\_  
Hebrew\_\_\_\_\_  
Playtime\_\_\_\_\_  
Computers\_\_\_\_\_  
Cooking\_\_\_\_\_  
Song Leading\_\_\_\_\_  
Other (Please Explain):  
\_\_\_\_\_  
\_\_\_\_\_

What contributions could you make to enhance the after school care program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please let us know what is the most convenient time to contact you?

\_\_\_\_\_

Acknowledgement of Volunteer Status:

I acknowledge that my status as a student aid with the Kayefet After School Care Program has been entered into voluntarily and that I may resign at any time. Similarly, I understand that the Program Coordinator may terminate my status as a student aid at any time without cause or notice, and for any reason, and without resort to any policies, practices, or procedures which may be applied to other employees. Finally, I recognize that no implied, oral or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the Program Coordinator and Executive Director of San Diego Jewish Academy.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Parent Signature

# Kayefet Reference Form:

Applicant Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Your Company: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Please rate the applicant on the following items:

- |  |       |      |       |         |       |           |
|--|-------|------|-------|---------|-------|-----------|
| 1. Communication Skills with children and parents: | _____ | Poor | _____ | Average | _____ | Excellent |
| 2. Leadership qualities:                           | _____ | Poor | _____ | Average | _____ | Excellent |
| 3. Responsible/Dependable/Resourceful:             | _____ | Poor | _____ | Average | _____ | Excellent |
| 4. Interpersonal Skills:                           | _____ | Poor | _____ | Average | _____ | Excellent |
| 5. Ability to relate to others:                    | _____ | Poor | _____ | Average | _____ | Excellent |

1. How long have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_

2. What are some of the candidates leadership skills \_\_\_\_\_  
\_\_\_\_\_

3. Would you use this applicant to work with children? \_\_\_\_\_  
\_\_\_\_\_

4. Do you think this applicant has patience to work with children? \_\_\_\_\_  
\_\_\_\_\_

5. Do you think this applicant would make a good role model for the children \_\_\_\_\_  
\_\_\_\_\_

6. Does this applicant take constructive criticism well? \_\_\_\_\_  
\_\_\_\_\_

7. Is he or she a quick learner? \_\_\_\_\_  
\_\_\_\_\_

8. Can he/she problem solve in situations where they may need to be creative? \_\_\_\_\_  
\_\_\_\_\_

9. Are there any foreseeable reasons this applicant should NOT be considered for the Student Aid position for the Kayefet After School Care Program? \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

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