

Dar Al-Hijrah Islamic
SUMMER DAY CAMP 2016– JOB APPLICATION FORM



PHONE: (703) 531-2908 **WEB:** www.hijrah.com **EMAIL:** dahsummercamp@gmail.com
*Please Print | *ALL FIELDS ARE REQUIRED* | Communications will be primarily via Email*

Today's Date: July 11 – August 5 (Mon-Thurs.: 9:30am-3:00pm)

APPLICANT INFORMATION

Full Name:	Age:	Gender:	Birth Date:
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Street Address:

Home Phone:	City:	State:	ZIP Code:
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Incomplete Applications will not be considered for interview

I am applying for: (Please check one) <input type="checkbox"/> Counselor <input type="checkbox"/> Substitute <input type="checkbox"/> Volunteer	Do you have any experience working with children? What age group are you most comfortable working with?	Describe your 3 greatest professional qualities.
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Email:	Mobile Phone No.:	Other Phone No.:
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How did you know about the DAH Summer Camp? (please check one box):

Friend
 Flyer
 Email
 Website
 Banner
 Other _____

What masjid do you frequently attend?

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship:	Home Phone No.:	Mobile/Work Phone No.:
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I *affirm* that the above information is **complete** and **true** to the best of my knowledge. I verify and agree that I must abide by the rules of the program and must participate fully in the program. I *understand* that **Summer Camp of DAH** reserves the right to request any employee to leave the program if an employee's conduct is determined to be disruptive to the program and fellow registrants. I *understand* that the organizing institutions, administration, their officials, and staff are not responsible for any injuries or loss of property that may occur. In the case of an emergency where I cannot be contacted, I *authorize* the administration to seek medical attention and/or administer any needed emergency procedures for the registrant. I also *authorize* my insurance information to be used and I authorize Dar Al-Hijrah Islamic Center or the insurance company to release any information required to process the claim. In such a case, I *understand* that I am financially responsible for any due balance.

Applicant Signature

Date

Please submit the following documentation with your application:

- Copy of work permit, green card or passport
- Copy of picture ID or Driver's License
- Copy of Social Security card
- Copy of Resume