



# CITY OF CAMDEN 2020 YOUTH EMPLOYMENT APPLICATION



## Application Instructions

We appreciate your interest in temporary internship with the City of Camden Department of Human Service's - Office of Youth Service's Summer Youth Internship Program. All forms require a signature and cannot be submitted electronically. Return completed applications to:

**City of Camden  
Department of Human Services  
Charles "Poppy" Sharp Community Center  
713 Broadway  
Camden, New Jersey 08103  
Phone: (856) 757-7095**

Or by email to: [MaHunter@ci.camden.nj.us](mailto:MaHunter@ci.camden.nj.us)

Complete each section of the application fully. Review all of the information to ensure it is correct. Failure to complete the application thoroughly could result in disqualification from the review process.

**Applications will be accepted and considered complete ONLY if each of the following items is submitted:**

- Complete Application
- Submit Copy of most recent report card
- Proof of Income
- Complete W-4
- Complete I-9
- Complete Working Papers
- Social Security Card
- Birth Certificate

***\*In order to participate in the Summer Youth Internship Program, you MUST be a returning high school student entering grade 12 or below AND were enrolled for the full 2019-2020 school year. \****

Application must be legible, complete and signed. Working Papers from the Camden City School District may be required before final commitment of program participation. Applicants may also be required to participate in an individual and/or group interview.

***All applications must be received by July 22, 2020***

**Please note:** The above requirements are necessary for consideration in the Summer Youth Internship Program only and carrying out the above requirements does not guarantee participation.



# CITY OF CAMDEN

## 2020 YOUTH EMPLOYMENT APPLICATION



Child's First & Last Name	M/F	Grade	Birthdate	Age
Address:	City: Camden		State: NJ	Zip:
Social Security Number	Phone Number:			
Emergency Contact:	Email Address:			

**PARENT(S) OR GUARDIAN(S) INFORMATION**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### PROOF OF INCOME

**A requirement of this activity is the provision of the following information, please circle all that applies to your household's circumstances:**

Household Size:	1	2	3	4	5	6	7	8
Household income is below:	45,000	51,400	57,850	64,250	69,400	74,550	79,700	84,850

I have read and understand the above statements and I further attest that the information I have furnished is true and correct to the best of my/our knowledge.

\_\_\_\_\_  
Parent/Guardian's Name (Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

### CONSENT TO PARTICIPATE & COVID-19 ACKNOWLEDGEMENT

I hereby authorize the City of Camden to request from relevant entities, any information pertaining to my child's background deemed necessary in determining their suitability for Summer Youth Internship Program participation. I also release said parties from any and all responsibility in supplying the requested information.

I agree and understand that neither the City of Camden nor any of its officers, agents or employees will be responsible in any

manner for any accidents or injuries sustained by my child resulting from participation in this program, and we do hereby release and forever discharge them from any responsibility with respect thereto.

I/We further agree to indemnity and hold harmless the City of Camden, its officers, agents and employees, from any and all claims, suits or proceedings of any nature whatsoever that may be brought, on behalf of, or on account of, myself or my child for participating in this program.

I understand that my child's participation as a temporary paid intern does not entitle them to benefits extended to regular employees. These include health, pension, leave time, compensation time and holidays.

The **CITY OF CAMDEN** offers the public the option to participate in the 2020 Summer Pool Program which is held on **CITY OF CAMDEN** property and other public and semi-public places accessible to large numbers of people on a daily basis.

Due to COVID 19 pandemic, individuals age 18 or older who wish to enroll themselves, their child(ren) or other dependent family member into the 2020 Summer Pool Program, or who seeks to volunteer in the 2020 Summer Pool Program, must complete, sign and return this Acknowledgment Form to the Department of Human Services Representative before participating in the 2020 Summer Pool Program. Enrollment and participation/volunteering in the 2020 Summer Pool Program are conditioned upon timely submittal of a completed Acknowledgment Form.

### ACKNOWLEDGMENT

I/We acknowledge that I/We have been provided with, read and fully understand this Acknowledgment Form, the Center for Disease Control's ("CDC") Poster Follow these 5 Safety Steps, the CDC's Poster on Symptoms of Coronavirus (COVID-19), and the New Jersey Department of Health's ("NJDOH") information and guidelines regarding COVID-19 and Multisystem Inflammatory Syndrome in Children ("Pandemic Illnesses"). The CITY OF CAMDEN'S COVID-19 Pool Operational Prevention Plan for 2020 is available for review.

I/We further acknowledge that the Pandemic Illnesses: (1) highly contagious and may cause serious permanent bodily injury, including death, of healthy persons of all ages; (2) are subject to changing recommendations on limiting risk of exposure and spread; (3) remain prevalent throughout New Jersey; (4) are highly likely to spread to persons in direct contact with or in close proximity to (within about 6 feet) an infected person; (5) believed by the CDC/NJDOH to spread by droplets produced into the air when an infected person coughs, sneezes, talks or otherwise moves air out through their nose and mouth, and from touching surfaces on which droplets containing the virus exist.

I/We further acknowledge that attending or participating in the 2020 Summer Pool Program poses an inherent and heightened risk of exposure, infection and bodily injury from the Pandemic Illnesses regardless of preventative measures taken by the **CITY OF CAMDEN**.

I/We further acknowledge that we will operate in accordance with the Guidelines of the CDC, the NJDOH and any Executive Orders issued by the New Jersey Governor Philip D. Murphy designed to prevent the spread of COVID-19. We acknowledge and agree to assume all risks and waive and release all claims for personal injuries and property damages arising from an accidental exposure to SARS-CoV-2, COVID-19, MIS-C and other Pandemic illnesses at the **CITY OF CAMDEN** facility/property.

This WAIVER does not supersede, circumvent or cancel the **CITY OF CAMDEN'S** Rules and Regulations for Pool Operations.

If any part of this WAIVER is found by a court of competent jurisdiction to be invalid, the remainder of this WAIVER shall nevertheless remain in full force and effect and the offending provision or provisions severed here from.

I/We \_\_\_\_\_ (hereinafter "I/WE"), acknowledge and represent that I/WE am/are the parents(s)/legal guardians(s) of youth listed on front of form.

**I have read and understand the above statements and I further attest that the information I have furnished is true and correct to the best of my/our knowledge.**

Parent/Guardian's Name (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Child/Applicant's Name (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_ Date \_\_\_\_\_