



**City of Camden**  
**Summer Youth Internship Program**  
**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**  
**North Camden Community Center**  
**1000 N.6<sup>th</sup> Street**  
**Camden, New Jersey 08102**  
**Phone: (856) 968-6444**

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:**

- Copy of most recent report card
- Proof of Income
- Copy of (2) two forms of identification:
  1. Social Security Card
  2. 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 2020-2021 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 April 30, 2021***

**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**  
**Department of Human Services**  
**Summer Youth Internship Program**  
**2021 Youth Internship Application**

PLEASE PRINT ALL INFORMATION IN INK AND COMPLETE ALL ITEMS. IF ITEM NOT APPLICABLE PRINT N/A

**PERSONAL INFORMATION**

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

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(OFFICIAL CARD MUST BE PRESENTED)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

U.S. Citizen: \_\_\_\_\_ If NOT, Visa # and expiration date: \_\_\_\_\_

**POSITION APPLYING FOR**

Title: **Summer Youth Worker**

What type of work are you interested in? (Indicate 1st, 2nd, and 3rd choice.)

\_\_\_\_\_ Pool \_\_\_\_\_ Child Care \_\_\_\_\_ Office \_\_\_\_\_ Hospital  
 \_\_\_\_\_ Recreation \_\_\_\_\_ Laborer \_\_\_\_\_ Landscaping/Horticulture

**EDUCATION**

Highest Grade Completed: (K-12) \_\_\_\_\_ Diploma/G.E.D. \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of School: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Clubs/Interests/Hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**APPLICATION ESSAY AND SHORT ANSWER QUESTIONS FOR CANDIDATES INTERESTED IN THE FOLLOWING POSITIONS:**

**Youth Intern**

*Applicants: Please answer the following questions as completely as possible. You may use additional sheets of paper to answer the questions. Employment applications received without the Application essay and short answer questions will be considered incomplete and therefore ineligible for employment.*

What are your interests?

What do you hope to gain from this internship experience?

Give examples of activities that you enjoy doing. Briefly explain - why do you enjoy them?

What is a leader?

Do you have any special skills or strengths you'd like to share?

Talk about an accomplishment of yours that you are particularly proud of:

AFFIDAVIT OF RESIDENCE OF  
EMPLOYEE OF CITY OF CAMDEN  
(CITY RESIDENT)

STATE OF NEW JERSEY )

SS:

COUNTY OF CAMDEN )

I, \_\_\_\_\_, of full age, being duly sworn upon my oath  
(PRINT YOUR NAME)

according to law, depose ad say:

1. I am an employee of the City of Camden, My present position is

\_\_\_\_\_  
(POSITION APPLYING FOR)

2. I am a permanent resident of the City of Camden. My permanent home  
address is \_\_\_\_\_, Camden, New Jersey, this meaning the

(PRINT YOUR ADDRESS)

place at which I and my family live, and where I now intend to remain.

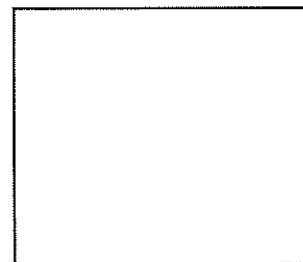
3. I am aware that Ordinance MC-1760 requires, as a condition of my  
employment, that I maintain my permanent residence and home in the City of Camden as  
long as I remain a City employee, unless specifically exempted under Section 1(c) thereof.

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

Sworn and Subscribed to

Before me this \_\_\_\_ day

of \_\_\_\_\_ 2021



## CONSENT TO PARTICIPATE & COVID-19 ACKNOWLEDGMENT

The **CITY OF CAMDEN** offers the public the option for seasonal employment for the 2021 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 work or enroll themselves, their child(ren) or other dependent family member into the 2021 Summer Pool Program, or who seeks to volunteer in the 2021 Summer Pool Program, must complete, sign and return this Acknowledgment Form to the Department of Human Services Representative before work or participating in the 2021 Summer Pool Program. Employment, enrollment and participation/volunteering in the 2021 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 2021 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 working, attending or participating in the 2021 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, \_\_\_\_\_ (hereinafter "I/"), acknowledge and represent that I am seeking to work with the City of Camden during Covid-19 of my own free will.

Applicant Name (Print)

(Signature)

Date