



City of Camden Summer Youth Internship Program Application Instructions

We appreciate your interest in the Summer Youth Internship Program. All forms must be submitted Ms. Taylor Ali or Mr. Forrest Gibbs in-person at the North Camden Community Center (1000 N. 6th Street, 2nd Floor).

Email Questions to:

Taylor Ali: taali@ci.camden.nj.us
(856)952-6629
Forrest Gibbs: fogibbs@ci.camden.nj.us
(856)986-2020
Anthony Mixon: amixon@ci.camden.nj.us
(856)807-4593

Complete each section of the application fully. Review 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 are submitted:

- **Notarized** Affidavit
- Copy of most recent report card
- Proof of Parents Income (2 recent paystubs, tax returns, award letter)
- Working Papers (completed online)
- Copy of (2) two forms of identification:
 1. Social Security Card
 2. Birth Certificate

Application must be legible, complete and signed. Working Papers must be completed online at myworkingpapers.nj.gov using code **00008379** before final acceptance into Summer Youth Internship Program. Applicants will be required to participate in an individual and/or group interview.

All applications MUST be received no later than May 10, 2024

Please note: The above requirements are necessary for consideration in the Summer Youth Internship Program only. Space is limited and submission of an application DOES NOT guarantee placement in the program.



City of Camden
Department of Human Services
Summer Youth Internship Program

2024 Youth Internship Application

PLEASE COMPLETE ALL ITEMS. IF ITEM NOT APPLICABLE ENTER 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 Intern**

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

_____ 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: _____

SUMMER YOUTH INTERNSHIP PROGRAM HISTORY

Have you previously worked for the City of Camden?

Yes _____ No _____

If yes, Work Location: _____ When: _____

CERTIFICATIONS

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 Winter Youth Training 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.

Does your parent/guardian currently work for the City of Camden? _____ Yes _____ No

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

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

For Human Services Use ONLY

Received By: _____ Date: _____

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:

I am an employee of the City of Camden, my present position is **Seasonal Youth
Worker/Recreation Aid.**

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.

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.

(Minor's Signature)

Sworn and Subscribed to
Before me this ____ day
of _____ 2024



Notary Seal

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

Summer Youth Internship Program

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 would like to share?

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

EMERGENCY CONTACT FORM

CONTACT THE FOLLOWING IN THE EVENT OF AN EMERGENCY

YOUTH INFORMATION:

NAME: _____

CELLULAR PHONE NUMBER: _____

HOME PHONE NUMBER: _____

PRIMARY CONTACT: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: WORK _____ CELL _____ HOME _____

SECONDARY CONTACT: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: WORK _____ CELL _____ HOME _____

ALLEGIES: _____

COMMENTS: _____
