



CHILD STUDY CENTER

Dear Applicant:

Thank you for your interest in the Child Study Center at Hassenfeld Children's Hospital of New York at NYU Langone's Summer Program for Kids (SPK), a seven-week, all-day therapeutic program for children with Attention-Deficit Hyperactivity Disorder and Behavior Disorders. The program will run out of The College of New Rochelle, New Rochelle, NY beginning the last week of June.

Please respond to all the information asked on the application, and provide as much detail as possible, particularly when describing your experience with children.

In addition to a completed application, candidates must submit three academic or professional letters of recommendation, a copy of your current transcript, and a current resume. You should request letters of recommendation from professors and supervisors who know you well and who are able to relate your skills to the position for which you are applying. Since it will likely take time to forward this information, please do not wait for this information to submit your application. Just send an attached note stating that the information will be forthcoming. Please send all material to us either by mail to the address below, email to donofd01@nyumc.org, or fax to (646) 754-9854.

When most of the material has been received and reviewed, we will contact you about the status of your application. If you do not hear from us within a few weeks of sending your application, please contact us to follow up.

Please do not hesitate to contact us at (516) 358-1811, if you have any questions.

Thank you for your interest in a summer position with our program.

Sincerely,

Karen Fleiss, Psy. D.
Assistant Professor of Child & Adolescent Psychiatry
Clinical Director – LI Campus
Director – NYU Summer Program for Kids
KF/dd



NYU SUMMER PROGRAM FOR KIDS
COUNSELOR APPLICATION

Please check one:

- ☐ **Counselor Intern***
☐ **6-Credit Course****

Name	SS#	DOB	Date
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Current Address (Street/City/State/Zip)

Telephone (Day/Evening/Cell/E-Mail)

Permanent Address for Tax Purposes (Street/City/State/Zip)

If you will be leaving your current address and living at a different address *before or after May 25*, please list that address and phone number below:

Address (Street/City/State/Zip)

Telephone (Day/Evening/Cell)

Date of Move

T-Shirt Size (please circle): S M L XL XXL

NAME AND ADDRESS OF PARENTS/GUARDIANS

Father's First Name/Last Name (Mr./Dr.)

Address (Street/City/State/Zip)

Telephone (Day/Evening/Cell)

Mother's First Name/Last Name (Mrs./Ms./Dr.)

Address (Street/City/State/Zip) – if different from above

Telephone (Day/Evening/Cell)

* **Counselor Intern. Unpaid Internship; no NYU college credits.**

****6-Credit Didactic/Practicum is a tuition-based course from May 26-August 11.**

EMERGENCY CONTACTS (during June, July, and August)

Name	(Relationship)	Telephone
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Name	(Relationship)	Telephone
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Please Note:

You must be available to begin training on May 26. If this is a problem, please describe:

You must be able to attend the full seven weeks of the program from June 26-August 11. If you have vacation plans or prior commitments that require time off, please let us know before you apply.

☐ **I DO NOT** ☐ **I DO**
HAVE VACATION PLANS OR PRIOR COMMITMENTS THAT REQUIRE TIME OFF.

HOUSING

NYU **does not** provide housing; however, we can provide you with a list of resources for possibly obtaining housing on your own. Please let us know if you would like to receive a list of resources for housing.

POSITION DESIRED

Please check the counselor position (s) for you are most interested in applying. (Please note, however, we cannot Guarantee your preference.)

- ☐ **Lead Counselor:** Leads children's group and supervises 5-6 recreational counselors. *This person must have completed undergraduate work and have extensive relevant experience. Lead counselors must have excellent **leadership skills** such as, ability to supervise 5-6 counselors, schedule daily activities, organize day-to-day paperwork, multi-task, problem-solve, be flexible, and work well under pressure.*
- ☐ **Bus Counselor:** In addition to an assigned counselor position listed below, this person rides on bus with children and provides supervision during rides to/from program.
- ☐ **Recreational Counselor:** Concentration in sports/recreational activities with exposure in learning center activities.
- ☐ **Educational/Computer Counselor:** Concentration in academic and computer centers with exposure in sports/recreational activities.
- ☐ **Art Leader:** Leads day-to-day activities in the art center. This person must have excellent artistic ability and organizational skills, and be able to plan and develop art projects. In addition, this person must have prior experience working with children in a classroom setting.
- ☐ **Art Counselor:** Concentration in the art center with exposure in sports/recreational activities.

Please indicate first, second, third, or fourth choice for group preference:

- ☐ Blue (7-8 year olds)
☐ Green (8-9 year olds)
☐ Red (9-10 year olds)
☐ Yellow (10-11 year olds)

EDUCATION

If you are currently attending school:

College/University	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate		
From/To	Degree	Major	GPA	
Current Status:	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior

If you are **not** currently enrolled in school:

Previous College/University Attended	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate		
From/To	Degree	Major	GPA	
Last Year Attended:	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior

List all undergraduate psychology, child development, education, computer science, statistics, and any other relevant courses you have taken. Please include all relevant classes in which you are currently enrolled.

WORK EXPERIENCE (List Current/Most Recent First)

Employer	
From/To	Address
Supervisor's Name	Telephone
Job Description	
Reason for Leaving	

Employer

From/To

Address

Supervisor's Name

Telephone

Job Description

Reason for Leaving

Employer

From/To

Address

Supervisor's Name

Telephone

Job Description

Reason for Leaving

Briefly describe any additional work experience you have had with children, other than that listed above.

Briefly describe any additional research experience you have had, other than that listed above.

Please indicate (✓) your experience with each sport listed below:

	No Experience	Play Recreationally	Coach
Basketball			
Soccer			
Softball			
Swimming			
Kickball			

Please indicate (✓) your experience for each area listed below:

	No Experience	Some Experience (describe below)	Extensive Experience (describe below)
Classroom Setting			
Tutoring			
Homework Help			
Artistic Ability			
Computer Skills			

Please indicate if you are certified in any of the following and provide certification expiration date:

☐ First Aid _____ ☐ CPR _____ ☐ Lifeguard _____ ☐ Water Safety Instructor _____

How did you heard about our program?

List the names, titles, addresses, and phone numbers of the three people not related to you who will be writing letters of recommendations.

1 _____

2 _____

3 _____

Why are you interested in applying for this position?

Do you own (or have access to) a car? **Yes/No** (Please circle)