



TOWN OF GREENBURGH
Department of Community Resources
THEODORE D. YOUNG COMMUNITY CENTER

32 Manhattan Avenue ~ White Plains, New York 10607-1329
 (914) 989-3600 (914) 682-2798 Fax
 www.greenburghny.com
tdycc@greenburghny.com



2015 Summer Day Camp
Counselor Employment Application

Date of Application _____

Name _____ Social Security Number _____ - _____ - _____

Permanent Address _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ Email address _____

High School _____

Month/Year Entered _____ Current Grade _____ Date Graduated (if applicable) _____

College/University _____

Date Entered _____ Date Graduated (if applicable) _____

Major/Minor _____

Are you a licensed teacher? Yes No If so, State Degree and effective date _____

Fluency: _____ Spanish Other, please indicate. _____

Certifications: (please attach copies of certification cards)

CPR AED Lifeguard WSI First Aid Ropes

Other _____ Are you an EMT? Yes No

Please answer the following questions to the best of your ability.

1. Do you have child care experience? Yes No

If yes, age of children _____ Name and number of childcare parent/adult _____

2. Why would you like to work at a summer day camp? Specify what personal characteristics and skills you feel you would bring to this position .



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3. Please describe briefly what comes to mind when you hear the word ‘camp’.

4. Do you have any camp counseling or related experiences? Please include role, age, location, and dates

5. What contributions do you think you can make to create an enriching camp experience?

Personal Information

1. Do you have physical limitations? If yes, please specify _____

2. Are you currently taking medication? If yes, please specify _____

Food Allergies: _____

3. Have you ever been convicted of a felony or misdemeanor other than minor traffic offenses?

Yes ___ No ___ If so, please explain _____

May we publish your address, phone number and email address in the Counselor Directory? Yes No

T Shirt Preference Size: S M L XL XXL Other _____

References:

Please list 3 personal references (other than relatives) that we will be able to contact who have knowledge of your character, experience, and ability.

References – (minimum of three required; at least two work/school references and one personal)

Personal - Other than relatives



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1. Name _____ Phone _____

Address/City _____

Relationship _____ Length of time known _____

2. Name _____ Phone _____

Address/City _____

Relationship _____ Length of time known _____

3. Name _____ Phone _____

Address/City _____

Relationship _____ Length of time known _____

References – Current or Past Employers

1. Name _____ Phone _____

Address/City _____

Relationship _____ Length of time known _____

2. Name _____ Phone _____

Address/City _____

Relationship _____ Length of time known _____

3. Name _____ Phone _____

Address/City _____

Relationship _____ Length of time known _____

Have you ever been convicted of a crime (felony, misdemeanor, or violation)? Yes No

If yes, please explain: _____

Include conviction and date. Attach additional pages if necessary

A conviction of a felony, misdemeanor or violation is not an automatic bar to employment, but will be considered in accordance with Section 752 of the Correction Law.

Have you ever been released from a job for a reason other than lack of work or end of program? No Yes



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If Applicant Is Under Age 18, the Signature of a Parent or Legal Guardian is Required

I have read my child's/ward's completed application form and hereby give my permission for her/him to be hired by the Town of Greenburgh for the purpose of seasonal employment and further give permission for him/her to receive emergency medical treatment if necessary. If at any time I revoke this permission, I will do so in writing to the Town of Greenburgh Comptroller's Office and, upon receipt by the Comptroller's Office of said revocation, my child's /ward's employment shall be terminated.

 Signature of Parent or Legal Guardian

 Print Name

 Date

AUTHORIZATION TO CHECK CRIMINAL RECORDS

I, _____, hereby authorize the Department of Community Resources' Theodore D. Young Community Center Summer Day Camp, to obtain information pertaining to any charges I may have for federal and state criminal law violations. This information will include convictions committed upon minors and adults, and will be gathered from any law enforcement agency of this state or any other state or federal government to the full extent permitted by law. I understand that such access is for the purpose of considering my application as a staff member and that I expressly DO NOT authorize the camp, its directors, officers, employees, or other staff members to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signed _____ Date _____