

Please complete all forms in this packet and answer all questions. If you need additional information, contact the Camp Director at:

<u>Greq@auburnymca.net</u> or (315) 253-5304, ext.115.

STAFF APPLICATION PACKET YMCA CAMP Y-OWASCO AUBURN YMCA-WEIU

Return completed applications to:

Greg Rider, Camp Director
Auburn YMCA-WEIU
27 William Street
Auburn, New York 13021

Additional forms can be found at www.y-owasco.org/employment.html
or at the Auburn YMCA-WEIU and
Skaneateles YMCA & Community Center front desks.

<u>PLEASE NOTE:</u> THIS IS NOT THE COMPLETE APPLICATION. APPLICANTS MUST ALSO FILL OUT THE ATTACHED AUBURN YMCA GENERAL APPLICATION

Please follow instructions on reference forms!

First and Last Name:	Date:
Camp Position Applying for (please check):	
Senior Counselor (must have completed high school)	
Junior Counselor (must have been a CIT)	
Leadership Director (must at least 21 years old*)	
Waterfront Director (must be at least 21 years old*)	
Program Director (must be at least 21 years old*)	
Assistant Program Director (must have completed 1 year of college)	
Food Service Director/Camp Cook	
Food Service Staff	
Medical Director (must be at least 21 years old*)	

*Age requirements are in place for compliance with NYSDOH regulations and ACA standards.



association

ACCREDITED

h.				
Soccer	Softball	Volleyball	Flag-Football	
Lacrosse	Frisbee	Archery	Arts & Crafts	
Sailing	Canoeing	Kayaking	Nature	
Drama	Dance	Swimming	Fishing	
Riflery	Outdoor Livin	ıg Skills Challenge Cou	ırse.	
Any other activities	or skills that you'd t	oe qualified to teach and f	acilitate:	
se rank the age groups y	ou would like to wo	rk with on a scale of 1-5.	1 is lowest and 5 is highe	est.
6 – 7	8 – 9	10 – 11	12 – 13	14 – 15
t is your swimming abilit	y? (Circle one)			
Non-swimmer	Interme	diate Good	Excellent	
you had any previous g	roup leadership exp	erience (i.e. camp, scouts	, clubs, etc)? If yes:	
Name of organizatio	n	Position held:	-	
Date (s)				
Name of organizatio	n	Position held:		
Date (s)				
Name of organizatio	n	Position held:		
Date (s)				
ou have any certification	ns that might be use	ful for a camp position*?		
CPR (Level:)	Expiration date		
Lifeguarding (Cei	rt. Org:) E	xpiration date		
Progressive Swir	n Instructor	Expiration date		
First Aid (Level: _) Expira	tion date		
NYS Hunter Safe	ty Course			
NYS Fishing Lice	nse	Expiration Date		

If applying for a counselor position, please rank the activities below from 1 to 3 based on your interest and ability to teach them. 1 = No experience, willing to learn; 2 = some experience, able to assist instruction; 3 = Lots of experience, able to

^{*}Please attach a copy of your certification card for any certification documents you may have.

Feel free to use the back or attach additional paper as necessary!
1.) Why do you want to work at Camp Y-Owasco this summer? What do you hope to gain from the experience?
2.) What makes you a positive role model?
3.) How do you apply the values of caring, honesty, respect, and responsibility in your everyday life? <i>Please provide at least one example.</i>
4.) Please name some of your hobbies and interests.
5.) Are you willing and able to live on camp for the duration of the summer season (Staff training + 8 or 9 weeks)?
State any additional information you feel may be helpful to us in considering your application:

Please answer the following questions thoughtfully.

Auburn YMCA-WEIU Application for Employment

Revised 2/07

We appreciate your interest in our organization and are sincerely interested in your background and qualifications. Please answer all questions as thoroughly as possible so we may review this information in consideration of employment within our organization. We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

				PERS	SONA	L							
Name							Date						
		FIRST		MIDDL	E								
Address	# Street	(City		State	ZIP	Tele	pho	ne	No.	()	
	eligible for employme		•	θ Νο			or olde	r?	θΥ	'es	θ Ν	No	
	lied for												
Are you employ	yed now? θ Yes θ	No If so, may	we inq	uire of y	our pres	sent employe	r? θ `	Yes	() No			
Would you wor	k θ full-time or θ part-	-time?	Specify	days an	d hours	available if p	art-tim	ne:					
Were you previ	ously employed by us	?θ Yes θ No		If yes, v	when?								
If your applicati	on is considered favor	ably, on what date	e will yo	ou be ava	ailable f	or work?							
Have you had a	any criminal conviction	s? θ Yes θ No	A "Yes	s" answe	er will no	t necessarily	disqu	alify	/ yo	u fro	m co	onsideration.	
Please state wh	ny you feel you are qu	alified for this posi	ition										
		lome and Address		EDU	CATIO	<u>ON</u>							List Diplom
School	N	lame and Address Of School	S			Course of St	udy	Check Last Did you Completed Graduate?				Degree o Subjects Studied	
Elementary												θ Yes	
Location								5	6	7	8	θ Νο	
High School								1	2	3	4	4 θ Yes	
Location												θ Νο	
College								1	2	3	4	θ Yes	
Location								•	_			θ Νο	
Other (specify)								1	2	3	4	θ Yes	
Location								'	_	3	-	θ No	
Location													
Subjects of spe	ecial study or research	work:											
			<u>MILIT</u>	ARY S	<u>SERV</u>	ICE							
Branch:				Years	served:		Rank	:_					

EMPLOYMENT HISTORY

Begin with your present or last job. Include any military service and volunteer activities. (Exclude groups which indicate race, color, religion, sex, age, national origin or other protected group.)

				
Employer 1		Dates Employed		Job Duties
		From To		
Addraga		. 10111		-
Address				
Job Title		Hourly Ra	te/Salary	Reason for leaving
		Starting	Finaĺ	ű
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Immediate Supervisor	Phone #			
Employer 2		Dates Emp	oloved	Job Duties
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Address				
Job Title		Hourly Ra	te/Salary	Reason for leaving
		Starting	Finaĺ	Ĭ
Immediate Supervisor	Phone #	- 109	1	-
minieulale Supervisur	FIIONE#			
Employer 3		Dates Emp	oloyed	Job Duties
		From	To	
Address			1	-
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Job Title		Hourly Ra	te/Salary	Reason for leaving
		Starting	Final	
Immediate Supervisor	Phone #			-
minieulale Supervisor	i iiolie#			
Employer 4		Dates Emp	oloyed	Job Duties
		From	To	
Address		-	1	-
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Job Title		Hourly Ra		Reason for leaving
		Starting	Final	
Immediate Supervisor	Phone #	<u>_</u>		1
I IIIII Galate Gapervisor	I HOHO #			

<u>REFERENCES</u>

NAME	hree persons not related to you whom you he ADDRESS/PHONE	OCCUPATION	YEARS KNOWN
1			
2			
3			

PLEASE READ AND SIGN BELOW
"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY

I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL MY STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

SIGNATURE DATE

AUBURN YMCA-WEIU Camp Y-Owasco

STAFF REFERENCE FORM

To Staff Applicant:

- 1. Enter your name on line below, along with other information asked for.
- Give this form to your reference with a Stamped envelope addressed to: Greg Rider, Camp Director Auburn YMCA-WEIU 27 William St. Auburn, NY 13021

To the Person Completing Form:

The applicant named below wishes to be employed at the Camp Y-Owasco and asks that you help us by checking under the heading that most nearly describes him/her. Feel free to make additional notes on the back of the form. The reference will be confidential. Your prompt and helpful response is appreciated.

Applicant Name				
Position Applying For				
Is the applicant:	Not Observable	Above Average	Average	Below Average
An excellent role-model for kids to emulate?				
2. Reliable?				
3. Flexible, able to shift program direction on short notice?				
4. Loyal, supports both verbally and in action his/her peers and employer?				
5. Stamina: Can he/she work long hours at peak performance?				
6. Able to complete assigned work, follow through with attention to detail?				
7. Independent: Completes work without supervision?				
8. Neat in personal appearance?				
9. Have a reputation for honesty and integrity?				
If you were a <u>parent</u> , would you be happy to have t	his person as yo	our child's careg	iver?	
Reference's Name (Printed):				
Signature	_ Date	Title		
Organization, School, or Company				
Address		Phone _		

Please list on the back any additional comments. Information about the candidate's interests, experience/skills in working with children will be helpful.

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