



**2018 Y Camp & Summer Blast Staff Application**

I am applying for the following position:

**Camp Adventure:** Assistant Director \_\_\_\_\_ Counselor \_\_\_\_\_  
**Camp Adventure Specialist:** Arts and Crafts \_\_\_\_\_ Sports & Games \_\_\_\_\_ Music \_\_\_\_\_  
**Pre K Summer Blast:** Counselor \_\_\_\_\_

Will you be available to work June 13 through September 1, 2018? Yes \_\_\_ No \_\_\_

**Personal Data:**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_  
(School, if appropriate) Street City State Zip

**Phones:** \_\_\_\_\_ // \_\_\_\_\_  
Cell Home

**Permanent/Previous Address:** \_\_\_\_\_  
Street City State Zip

**Phones:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
Cell/Home

**Previous Experience as a Camp Counselor:**

Name of Camp(s)	Dates of Employment	Responsible for What Age Groups?	Supervisor/ Contact Names & Phone #/Email	Job Responsibilities

**Other Related Job Experience:**

Employer	Dates of Employment	Supervisor/ Contact Names & Phone No/Email	Job Responsibilities

**List any certifications you currently hold which would be valid this summer:**

First Aid (mandatory for camp staff): \_\_\_\_\_ Lifeguarding: \_\_\_\_\_

CPR (Infant, Child, Adult is mandatory): \_\_\_\_\_ W.F.A (Wilderness First Aid).: \_\_\_\_\_

**I have experience with the following age groups ( indicate letters): A) entertaining siblings or neighbors; B) babysitting/supervising children; C) assisted a leader with a group; D) personally led a group.**

5-6 yrs. \_\_\_\_\_ 7-8 yrs. \_\_\_\_\_ 9-10 yrs. \_\_\_\_\_ 11-12 yrs. \_\_\_\_\_ 13-17 yrs. \_\_\_\_\_

**Education:**

School	Major Course or Degree Program	Year(s) Attended From and To	Degree(s) Received

**Please answer the following fully and specifically:**

\* Why do you want to be a Y Camp Adventure Assistant Director \_\_\_\_, Camp Adventure Counselor \_\_\_\_, Camp Adventure Specialist \_\_\_\_

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\* What are the three major contributions you will make to the camp program and how?

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\* What age of children do you feel you work the best with? Why?

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\* What skills have you acquired that will enhance your ability to successfully work with children (ie. sports, arts & crafts, outdoor education, wilderness experience, special talents, leadership?)

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\*Describe a situation where you had to discipline a child. What were the circumstances and the outcome?

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\* Design and describe an activity in detail for any age group of your choice:

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**Additional References (non-relatives):**

Name	Phone#/Email	Relationship to Applicant (employer, co-worker, friend, teacher, etc.)

**Statement of Applicant – please read and sign:**

In the Ithaca YMCA's effort to attract the highest quality staff, I have been advised that as a part of the application process for employment with this YMCA, an extensive inquiry will be made concerning my prior employment, activities, character and health, and I fully consent to and authorize all such inquiries.

In the event of my employment by the YMCA of Ithaca, I will comply with all policies set forth in the personnel manual and with other policies established from time to time by the organization. Additionally, I authorize the YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made concerning me, my background, experience, and prior employment. Inquiries or requests may be made by you or your representatives to any governmental agency, including law enforcement agencies or departments or any other party with a legal and proper interest. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent, and it is my interest that I be considered for employment.

I certify that all statements made by me on this application are true and complete to the best of my knowledge, and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment, or, after employment, would be cause for termination of employment within the YMCA of Ithaca.

***I hereby acknowledge that I have read and understand the above statements, and that I voluntarily sign this application.***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**YMCA of Ithaca & Tompkins County  
50 Graham Road West Ithaca, NY 14850  
Phone: (607) 257-0101 FAX: (607) 257-5828**