



Camp Lowe

Montachusett Regional YMCA

~2010~

Application for Employment

We are an Equal Opportunity Employer. Applicants for all job opportunities are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal, or local legislation concerning equal opportunity employment.

Last Name: _____ First Name: _____

Social Security # _____ - _____ - _____ Shirt Size (circle) S M L XL XXL

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: Please *Print Neatly* _____

Position Desired: _____

Please circle your answer:

1. Can you, after employment, submit verification of your legal right to work in the U.S.A.? **NO YES**
2. Are you over 18? **NO YES**
3. If hired, do you have a reliable means of transportation to get to work? **NO YES**
4. Have you ever been convicted of a felony, or for child abuse or sex-related crimes?
(Do not include marijuana related convictions which occurred more than two years prior to the date of this application. **NO YES**
(If yes, please explain. A conviction will not necessarily disqualify you.)

5. Have you ever applied to the YMCA before? **NO YES** (If yes, when? _____)
6. Have you ever been employed by the YMCA? **NO YES** (If yes, when? _____)
7. Are you currently employed? **NO YES**
(If yes, may we contact your present employer? _____)
8. How were you referred to the YMCA? **ADVERTISEMENT WALK-IN**
EMPLOYEE REFERRAL (Name) _____
OTHER _____

Education and Training:

School	Name & Location	Years Attended	Graduate?	Major	Degree Earned
Elementary					
High School					
College					
College/Other					

Employment History: *Please list your previous 5 years of employment.*

Business Name & Supervisor's Name	Address & Phone #	Dates Employed	Duties Performed

References: Please enclose 3 letters of reference from (non-family) persons and 2 from family members who can vouch for your ability to work with children, moral and ethical values, and ability to work in a multi-cultural program, as well as why the YMCA should consider you for the position of a Camp Counselor. *Letters must be in a sealed envelope with the signature of the person whom the reference is from, across the seal.*

******Letters must include contact information for follow up, length of time known, and capacity in which the person writing on your behalf is acquainted with you, e.g., guidance counselor, coach, clergy etc.

- Please list any additional education, or vocational/professional information. Include foreign language skills, special areas of study, etc.

Tell us about your hobbies, talents, and special interests: _____

Have you ever worked with children before in a leadership capacity? Please explain:

Have you ever been a camper? What did you like/dislike about camp? _____

Why would *you* be a great Camp Lowe Staff? _____

What do you hope to gain from your experiences at Camp Lowe this summer? _____

Do you possess any of the following certifications? Please list expiration date.

- _____ YMCA Lifeguard Training
- _____ Red Cross WSI
- _____ Red Cross Lifeguard Training
- _____ Standard First Aid
- _____ CPR (Type: _____)
- _____ Other (Type: _____)

PLEASE READ AND SIGN:

All employees and volunteers must complete a CORI (Criminal Offender Record Information) and SORI (Sexual Offender Record Information) and meet the criteria thereof for working with children. Please complete the age appropriate CORI form attached.

I understand that if I am selected to be a staff member for the summer of 2010 at Camp Lowe, I am expected to uphold all of the rules and regulations set forth in the Staff Handbook. I recognize the commitment and responsibilities involved with being a Camp Lowe Staff and believe that I am able to take on the challenge. My status as a staff member may be terminated at any time for failure to abide by these or other policies and procedures.

I understand that the attendance of staff trainings in early June is mandatory and a condition of my employment. I will complete any necessary CPR and/or First Aid classes for certification. I also understand that I am expected to attend both Family Nights during the camp season and that I am limited to **a maximum of two (2) days off** during the camp season. These dates must be submitted in writing and approved by the Director prior to June 14th. The camp season runs from June 21st – August 20th, 2010. If necessary, staff scheduling may be adjusted to accommodate enrollment numbers at the Director's discretion. This may include an increase or reduction in workforce if necessary.

During my employment, I will act in a caring, honest, respectful and responsible manner consistent with the mission of the YMCA.

****Remember, Applicants must submit 3 letters of recommendation from non-family members that have known you for at least 3 years and 2 letters from family members who can attest for your character, ability to work with children, and why the YMCA should consider you for the position.***

A current Physical Exam and Immunization record must be on file prior to beginning employment per order of the Lancaster Board of Health.

Applicant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____