



January 2011

Dear Summer Camp Applicant,

The YMCA of Burlington County offers a wide variety of Summer Camp options for children ages 3-15 years old throughout Burlington County. As a result we have many opportunities for seasonal summer employment.

Minimum Qualifications for Summer Employment:

- Must be at least 16 years of age.
- Must be able to swim. Swimming is an essential part of the summer camp day and Camp Counselors are expected to participate with campers during all camp activities including instructional and free swim.
- Must be available to work a minimum of 8 weeks (Monday–Friday) between the dates of June 20th – September 3rd.

There are a number of Camp Positions available:

- **Camp Director:** Must be over 21 years old. Responsible for the over all operation of a summer camp. Job responsibilities include but are not limited to camper safety, parent interaction, planning and implementation of camp activities, administrative paperwork. Must have minimum 3 years experience in Education, Day/Resident Camping, or related field. Must have current CPR and 1st Aid training.
- **Senior Camp Counselor:** Must be 18 years old. Responsible for a group of campers. Job Responsibilities include but not limited to camper safety, camper discipline, camper activities. Must have a strong child care background with a minimum 2 years experience. Must have current CPR and 1st Aid training.
- **Sports Camp Coach:** Must be 16 years old. Must have strong athletic background with knowledge of active games and organized sports. Must be able to instruct campers in a variety of sports and active games while emphasizing fun and teamwork.
- **Junior Camp Counselor:** Must be 16 years old. Experience working with children in a child care or educational setting. CPR and 1st Aid not required but a plus.

If you wish to apply for a Summer Camp position you must complete an Application for Employment, complete the included short question/essay form, and provide four personal references. (3 professional and 1 family member) Incomplete Camp Applications will not be considered. Completed applications should be returned to either YMCA Branch welcome center. Camp Interviews will be conducted during the months of March, April and May. If we wish to interview you, you will be contacted to set up an appointment.



YMCA OF BURLINGTON COUNTY

Mt. Laurel Branch

59 Centerton Road. Mount Laurel, New Jersey 08054. (856) 234-6200

Riverfront Branch

302 Commerce Square Boulevard. Burlington, New Jersey. (609) 543-6200

Application for Employment

(PLEASE PRINT)

Position(s) Applied for	Branch Preferred	Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Y Brochure or Program
<input type="checkbox"/> Other _____		

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)		

If you are under 18 years of age can you provide required proof of your eligibility? Yes No
 Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No
 If Yes, give date _____
 If Yes, give date _____

Are you currently employed: Yes No
 May be contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required
 On what date would you be available for work? _____ To _____

Are you available for work: Full Time Part Time Temporary From _____ To _____
 Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No
 Have you been convicted of, plead guilty or no contest to, any crime or felony? Yes No

Conviction will not necessarily disqualify an applicant. If you accept a position with the YMCA, you must immediately disclose any conviction, plea of guilty or no contest to the Human Resources Department.
 If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

The YMCA of Burlington County ("YMCA") considers applicants for all positions without regard to race, color, religion, creed, marital or domestic partner status, civil union, gender, gender identity or expression, sexual or affectional preference, national origin, ancestry, age, physical or mental disability, citizenship, veteran status, genetic information, atypical hereditary or cellular blood trait, or other trait or classification in violation of federal or state discrimination laws ("protected class"). Further, the YMCA does not discriminate based upon association with a person who is a member of a protected class.

Education

	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location			
Years Completed (<i>please circle</i>)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extra-curricular activities.			
Describe any honors			
State any additional information you feel may be helpful to us in considering your application.			

Indicate any foreign languages you can speak, read and/or write (optional)			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references who are not related to you:

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States Military?

Yes No

If yes, please describe _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title Supervisor			
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Employer	Dates Employed		Work Performed
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	From	To	
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Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

PLEASE READ THE STATEMENTS BELOW CAREFULLY. **UNSIGNED OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED BY THE YMCA.** YOUR SIGNATURE INDICATES THAT YOU UNDERSTAND AND AGREE WITH THE FOLLOWING:

I give the YMCA the right to make a thorough investigation of any of the information I have provided and to perform reference checks. These investigations may involve contact with my family, current and former employers, business associates, employees and neighbors as well as others with whom I am acquainted and public authorities. My signature below authorizes the YMCA to obtain complete information concerning my employment, academic transcripts, service records, other information provided by me or desired by the YMCA. The information requested may include inquiries regarding my work habits, other related activities, abilities, character, the cause of my separation(s) from employment or volunteer positions and inquiries concerning any conviction(s) or felonious act(s). This authorization shall include but not be limited to the release of any criminal history record information maintained by the New Jersey State Police State Bureau of Identification for the purposes of determining my qualifications for employment, volunteer work or other performance of services.

If I accept a position with the YMCA, as an employee, I understand that I must reimburse the YMCA for the costs of any background checks.

I release each of the references listed by me, any other individuals or entities and the YMCA from any liability for damages which might result from the furnishing, requesting, verifying, checking, obtaining or using any of the foregoing types of information, documents, attachments or other submissions. I understand that I must execute this application and any other requested releases related to the above information in order to be considered for any position with the YMCA.

I understand that the YMCA strictly prohibits the disclosure of any personal information concerning its employees, or individuals who make use of its facilities and I agree to will immediately advise the Human Resources Department of all such inquiries and direct the inquirer to the Human Resources Department.

I understand and agree that in the event I perform any type of services for the YMCA as either an employee I will comply with the policies, rules, regulations and procedures of the YMCA.

I understand that any employment or volunteer status with the YMCA is "at will," which means the relationship can be terminated by the YMCA or myself at any time, for any reason, with or without cause, and with or without prior notice.

The YMCA retains the right to terminate any employee or reject any application if at any time the YMCA learns that the information provided within your application or during any interview is false or misleading.

I certify that the information provided on this application and any attachments or additional submissions is true complete and accurate under penalty of law.

Please note: this application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered beyond this time period should inquire as to whether or not applications are being accepted at this time.

Signature of Applicant

Date

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

INTERVIEWER

DATE

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

NAME AND TITLE

DATE



Summer Camp Applicant Reference Form

Applicants: Please sign the waiver on the reverse side of this form. Give the signed reference form (two pages) to your reference asking them to fill it out completely and mail it to the address on the back. Three different references are required, one of which must be a relative. Employment will not be offered until all three references have been received by the camp office.

Applicant's Last Name _____ First Name _____

How well do you know this person?

- Acquaintance only Fairly Well Very Well

Does the applicant deal well with responsibilities and day-to-day problems?

- Rarely Sometimes Usually Almost always

Would the applicant conscientiously assume responsibility for guiding a child's growth?

- Might not Sometimes Usually Constantly Don't know

Would you be happy to have this person as your child's counselor?

- No Yes Please elaborate: _____

Do you know of any reason why this person might not serve well on a child-care staff?

- No Yes Please elaborate: _____

The YMCA is committed to building character in our staff and the people we serve, specifically the values of Honesty, Caring, Respect and Responsibility. Please comment on the applicant's character relative to:

Honesty: _____

Caring: _____

Respect: _____

Responsibility: _____

THIS FORM IS TWO-SIDED, PLEASE CONTINUE

Applicant's Last Name _____ First Name _____

Put an "X" in the box that best rates your opinion. **10 strongly agree** through **1 strongly disagree**, or DNK (do not know). *Based on your experiences with the applicant, you feel that he/she is:*

	10	9	8	7	6	5	4	3	2	1	DNK
Willing to cooperate with others											
Alert and shows good judgment											
Emotionally mature for his/her age											
Able to see tasks through to completion											
Neat in personal appearance											
Able to be a positive role model to youth											
A self-starter and shows initiative											
Caring and patient with children											
Capable of assuming leadership in groups											
Able to get along with peers											
Able to follow instructions and procedures											
Able to accept guidance											
Tactful in relation to others' feelings											
Dependable											

Information about the person providing this reference:

Last Name _____ First Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone # _____ E-mail _____

Employer _____ Job Title _____

Relationship to Applicant _____ Years Known _____

REFERENCE'S SIGNATURE _____ Date _____

Thank you for taking the time to evaluate our applicant. Your insights are highly respected and well noted. Thank you also for your prompt return of your reference form(s), as the applicant's request for employment cannot be processed further without your response.

APPLICANT'S WAIVER

I, the undersigned applicant, **do waive** my right or review of this recommendation. I understand that the contents are confidential and will not be available to me now or in the future.

Applicant's Signature _____ Date _____

Return reference form(s) to:
 YMCA of Burlington County
 C/O Camp Office
 302 Commerce Square Blvd
 Burlington NJ, 08016
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Camp Application Essay and Short Answer Questions
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Applicant's Name: _____

Applicants: *Answer the following questions as complete as possible. You may use additional sheets of paper to answer the questions. Summer Camp applications received without the Application Essay and Short Answer Questions will be considered incomplete and not be eligible for the camp interview process.*

What is the job of the Camp Counselor? (Minimum 250 words):

Why are you applying for a position as a camp counselor? What do you hope to gain from this experience?

Give examples of activities that you would do with campers that you are assigned to supervise?

What is a leader?

What special skills can you share with the campers who attend day camp?

Give examples of how you would use the 4 core values of the YMCA in your job.

Talk about an accomplishment of yours that you are particularly proud of?