



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Summer Camp 2012 Applicant,

We are excited that you are interested in joining us for a fun and exciting summer. Working with children at a summer camp is a very rewarding yet very challenging job!

To be eligible to work at camp you must be 16 years of age or older or entering your junior year in High School. To apply, please complete the following documents and return them to us as soon as possible. Incomplete applications and paperwork will not be considered. We will review your application and paperwork and if we feel you possess the skills and abilities that we are looking for, we will schedule an interview with you. Interviews will begin the week of Feb 15th.

Please understand that due to the overwhelming number of applications we receive each spring, we may not be able to offer an interview to everyone.

Please complete and submit the following documents:

1. YMCA Employment Application
2. Summer staff questionnaire
3. 2 professional/work references and 1 family reference
4. CORI, SORI & Copy of Photo ID

Again, please remember, in order to be considered, you must submit all of the above paperwork, completed in its entirety.

Thank you for your time and energy in this process.

Sincerely,

Michelle Jackson
Camp Director
mjackson@oldcolonyymca.org

Joe Leaver
Assistant Camp Director
jleaver@oldcolonyymca.org

Danielle Kucinski
Camp Program Director
dkucinski@oldcolonyymca.org

YMCA CAMP STOUGHTON

445 Central Street, Stoughton MA 02072

P 781-341-2016 F 781-344-2335

www.oldcolonyymca.org/campstoughton

PERSONAL INFORMATION

NAME _____
 Last First Middle
 Address _____
 Street City State Zip Code
 Telephone Number _____ Email _____

Were you ever previously employed by any Branch or Program of the Old Colony Y? Yes No
 If yes, when? _____ Position Held _____

Are you related to anyone who is employed by any Branch or Program of the Old Colony Y? Yes No
 If yes, Name _____ Branch/Program _____
 Relationship _____ (Relatives cannot report to one another, according to Old Colony Y policy)

Are you legally authorized to work-in the United States? Yes No (Proof of U.S. Citizenship or immigration status will be required upon employment).

Are you less than 18 years of age? Yes No If yes, can you furnish an Educational Certificate? Yes No

Date available for work _____

Type of work desired _____ Full Time _____ Part Time _____ Temporary _____ Seasonal _____ Educational Co-op
 (Please Check) _____ Days _____ Nights _____ Evenings _____ Weekdays _____ Weekends

EMPLOYMENT HISTORY

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below. Please list information here which covers at least your last four years of employment even if your resume is attached. If you need to include additional information please use reverse side.

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Per	

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Per	

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Per	

EDUCATIONAL BACKGROUND

Please provide School Name and Address	High School				Technical School				College/University				Graduate/Professional			
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4	1	2	3	4
Diploma/Degree License/Certificate Received																

List any foreign Language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

Skills and Qualifications – Describe any specialized training, skills, licenses, certificates and/or personal characteristics that may qualify you as being able to perform job-related functions for the position which you are applying, including expiration dates.

References

List name, address, telephone number and occupation of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you. Work/volunteer references are preferred.

Name	Address	Occupation	Telephone	Years Known
1			Area Code ()	
2			Area Code ()	
3			Area Code ()	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal race, color, creed, religion, sex, marital status, sexual orientation, age, genetic makeup, handicap, disability, national origin, ancestry, Vietnam veteran era status or handicapped veteran status.)

Organization	Offices Held

List special accomplishments, publications, and awards. (Exclude information which would reveal race, color, creed, religion, sex, marital status, sexual orientation, age, genetic makeup, handicap, disability, national origin, ancestry, Vietnam veteran era status or handicapped veteran status.)

List any additional information you would like us to consider.

PLEASE READ CAREFULLY AND SIGN BELOW

If you are hired, the Old Colony Y is required to verify your eligibility for employment in the United States. Therefore, you will be responsible for submitting data required by the Department of Homeland Security within 3 days of the date employment begins. A list of acceptable documents may be obtained from Department Executives or the Human Resources Department. The Old Colony Y does not retain these documents.

I certify that all information that I have provided on this application is true and complete to the best of my knowledge. I understand that falsifications, misrepresentations or omission of facts called for in this application or set forth in any document in connection with this application may result in denial of employment or immediate dismissal. I understand that completing this application creates no rights, express or implied, to employment with the Old Colony Y.

I authorize the Old Colony Y to make an investigation to ascertain any and all information which may be pertinent to my employment qualifications. In consideration of the Old Colony Y's review of this application, I release the Old Colony Y and all providers of such information from any liability as a result of furnishing and receiving such information. I understand that any offer of employment with the Old Colony y is contingent on a satisfactory investigation of my references.

I understand that if I am hired, the length of my employment is not guaranteed. Recognizing that I will be free to voluntarily terminate my employment at any time, I acknowledge that the Old Colony Y will be free to terminate my employment at any time, with or without cause. No promises or guarantees have been made to me relating in any way to the length of my employment. I understand that no such promise or guarantee is binding unless made in writing and signed by the President and Chief Executive Officer of the Old Colony Y.

I understand that if offered employment, I must meet job-related physical requirements established by the Old Colony Y and furnish acceptable evidence of appropriate job-related academic transcripts, licenses, certifications and date of birth. I understand also, that I am required to abide by all rules and regulations of the Y. I understand that my work location, schedule and hours of employment are subject to change to meet the needs of the Old Colony Y.

USE OF A LIE DETECTOR TEST

“It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.”

Applicant Name (Please Print)

Signature of Applicant

Reference Check Claim-Waiver Form

To the prospective employee: Please read this document carefully. If you agree to the statements, terms, and conditions set forth herein, please initial each paragraph where indicated, and sign and date the form at the bottom.

A. Verification Of Accuracy Of Statements Made in Employment Application:

I hereby certify that the information provided in my employment application dated _____ (and any resume or other materials submitted by me in connection with my effort to obtain employment with the Old Colony Y), is true, complete, and accurate; and I understand that any false or misleading information or significant omissions may disqualify me from any further consideration for employment with the Old Colony Y, or could be justification for dismissal from employment, if discovered at any point after I have been hired or offered employment.

Initials _____

B. Release of Claims Against Providers of References and/or Other Employment-Related Information:

With the exception of contacting my current employer (discussed below), I fully authorize the investigation and verification of any statements made by me in my employment application dated _____ (and any resume or other materials submitted by me in connection with my effort to obtain employment with the Old Colony Y). I expressly authorize you to contact all listed past employers and/or references. I further authorize any person, school, past employer, or other person, organization, or entity listed in my application, and any resume or other materials submitted by me to provide the Old Colony Y with any information requested that may be relevant and useful to the Old Colony Y in making a hiring decision. I expressly release any such persons, organizations, or entities from any and all legal liability for making disclosure of any information about me, which it is permitted by law, to release.

Initials _____ (not initialing this section **does not** disqualify applicant from consideration for employment)

C. Contact With Current Employer:

I DO _____/DO Not _____ authorize you to contact my current employer. If, and only if, I have authorized you to contact my current employer, I agree that the terms set forth in paragraph B also apply to my current employer.

Initials _____ (not initialing this section **does not** disqualify applicant from consideration for employment)

Date: _____ Signed: _____

Print Name: _____



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New Summer Staff Questionnaire - Summer 2012

Name _____

What position(s) are you applying for?

- Jr Counselor (age 16+ or entering jr. year in high school)
- Counselor (age 18+)
- Assistant Activity Specialist – Please specify area of expertise: _____
- Activity Specialist – Please specify area of expertise: _____

With what age group(s) do you prefer working? (circle one)

3-4 Years 5-6 Years 7-8 Years 9-10 Years 11-12 Years 13-14 Years 13-15 Years

SELF DESCRIPTION

Please answer the following questions: (attach additional sheets if necessary)

Why do you want to work at camp?

What experience do you have working with children? Please describe your strengths in working with children:

What unique qualities can you bring to YMCA Camp Stoughton?

Were you a camper as a child? If yes, what was most important to you as a camper? If no, please share something unique about your summer experiences?

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Please describe any experience you have had as a camp counselor or any leadership experience you have:

What extra curricular activities are you involved in? Please list all volunteer, sports, etc:

EXPERIENCE:

Please rank your experience in each of the following areas:

- 1 - This is a strong area for me – I could teach campers these skills.
- 2 - I have some experience in this area – I could assist in teaching campers.
- 3 - I am interested in learning
- 4 - I am not particularly interested

Water Activities/Swimming

Dancing

Athletics

Music

Theater

Nature

Arts

Crafts

Archery

Teambuilding/Cooperative Games

Low & High Ropes Course Elements

Traditional Camp Activities (songs, circle games, spirit activities, talent shows, theme days)

Please feel free to share any additional information about your skills and interests:

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AVAILABILITY:

Please check all you are available for: Please note:

- All staff are required to work all 4 sessions of the summer unless otherwise agreed upon
 - All staff members are required to attend weekly morning staff meetings.
 - Early drop off and extended day is staffed on a rotating basis.
 - All staff members are required to work at least two of the four family nights.
 - Only staff members over age 18 are eligible to work overnights.
-
- Staff Training the week of June 19-June 22, 9:00am – 5:00pm
 - Camp Session 1: (6/25 - 7/6) 8:45am-4:15pm
 - Camp Session 2: (7/9 - 7/20) 8:45am-4:15pm
 - Camp Session 3: (7/23 - 8/3) 8:45am-4:15pm
 - Camp Session 4: (8/6 - 8/17) 8:45am-4:15pm
 - Camp Xtra Session 5: (8/20-8/24) 8:45am-4:15pm
 - Camp Family Nights 6pm - 8:30pm: 7/5, 7/19, 8/2 & 8/16
 - Early Drop Off Shifts: 7:00am- 9am
 - Extended Day Shifts: 4:00pm-6pm
 - Bus Monitor: 7:45am - 9am & 4pm – 5:15pm
 - Camp Overnights (18+): 7/19 & 8/16

If not available for any of the above, please explain:

Please Return to Welcome Center or Mail to:

Old Colony YMCA Camp
Attn Michelle Jackson
445 Central Street
Stoughton MA 02072

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Please submit 3 references: 2 professional/work and 1 family. Applicants without a work history may utilize the following people as a professional/work reference: a teacher, a guidance counselor, a school principal, a coach, or a person for whom you babysat, dog walked, mowed a lawn etc.

Professional / Work Reference

Applicant's Name: _____

Name of Reference: _____

Position/Title: _____

Organization: _____

Telephone Number: _____

Professional / Work Reference

Applicant's Name: _____

Name of Reference: _____

Position/Title: _____

Organization: _____

Telephone Number: _____

Family Reference

Applicant's Name: _____

Name of Reference: _____

Relationship to Applicant: _____

Telephone Number: _____

COMMONWEALTH OF MASSACHUSETTS
SEX OFFENDER REGISTRY BOARD

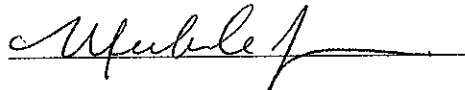
REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board. All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor's name: Michelle Jackson Date of birth: _____

Address: OCY- Stoughton 445 Central St. Telephone number: 781-341-2016
Stoughton, MA 02072

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requestor's signature:  Date: _____

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

Subject's name: _____

Date of birth or approximate age: _____

Address: _____

Personal identifying characteristics:

Sex: _____ Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Other information (e.g. license plate number, parents' names, etc.): _____

*****WARNING*****

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C - 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 1/2) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).