



YMCA Camp Onyahsa Leader Application



For Staff, Volunteer, and LIT Candidate use

101 E. 4th Street, Jamestown, NY 14701

Phone: 716-664-2802 ext. 238/223 www.onyahsa.org

(Please type or print.)

Date of Application _____

Name _____
Last First Middle

Social Security Number ____ - ____ - ____

Permanent Address _____
Street & Number City State Zip

Phone _____ Cell Phone _____ Email _____
Print clearly

College or Previous Residences

Street & Number City State Zip

Street & Number City State Zip

Dates available: From _____ to _____ not available: _____

What position do you want at camp? _____ Paid, Volunteer, Internship, or LIT? _____

Paid positions require at least 6 weeks of summer employment; volunteer positions require at least 4 weeks, and LITs are deemed "campers" at the LIT tuition and attend for at least 2 weeks. Internships must fulfill obligations to institution of higher learning.

Have you previously worked for any YMCA? Yes No Where? _____

Are you 18 years old or older? Yes No If not, provide your birth date _____, and furnish your Working Papers, available through your school district, upon hire.

If disabled, can you perform the essential functions of the job for which you have applied with reasonable accommodations? Yes No

Are you legally eligible to work in the United States? Yes No (if "No," a visa is required).

Employment/Volunteer History Provide a full record of all employment – paid and volunteer – and explain any gaps in employment. Include any positions on camp staff. Use a separate sheet, if necessary. Provide the following information of your past and current employers or assignments, starting with the most recent.

| | | | | |
|------------------------------------|------------------|--------------|---------------------------------------|--|
| Employer | Telephone | Email | Dates Employed From _____ To _____ | Summarize work performed and job responsibilities |
| Address | | | Hourly Rates/Salary | |
| Starting job title/Final job title | | | Starting \$ per | |
| Immediate supervisor and title | | | Hourly Rates/Salary | |
| Reason for leaving | | | Final \$ per | |
| Employer | Telephone | Email | Dates Employed From _____ To _____ | Summarize work performed and job responsibilities |
| Address | | | Hourly Rates/Salary | |
| Starting job title/Final job title | | | Starting \$ per | |
| Immediate supervisor and title | | | Hourly Rates/Salary | |
| Reason for leaving | | | Final \$ per | |

Indicate any employer you **do not** wish us to contact, and the reason(s).

Unemployment Record

Include explanation of all lapses in employment on previous page.

| From | | To | | Reason |
|------|-----|-----|-----|--------|
| Mo. | Yr. | Mo. | Yr. | |
| Mo. | Yr. | Mo. | Yr. | |
| Mo. | Yr. | Mo. | Yr. | |

References Give names and addresses of three persons (one of whom must be an adult relative) having knowledge of your character, experience, work habits, and ability.

| Name | Street Address, City, State & Zip | Phone |
|------|-----------------------------------|-------|
| | | |
| | | |
| | | |

Youth Camp (or other similar work) Experience

| Dates | Camp & Director | Location | Camper or Staff? |
|-------|-----------------|----------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Education (High School and Beyond)

| Years | School | Major Subjects | Degree Granted |
|-------|--------|----------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

Write a brief biographical sketch, including specialized training in camping, and experience or training in other fields, which might have a bearing on the position(s) for which, you are applying. Attach a separate sheet if necessary.

Answer these questions only if applying for a position requiring driving

Do you have a valid driver's license? Yes No State _____

Do you have current chauffeur's-type license? Yes No State _____

Do you have a commercial driver's license? Yes No State _____

Camp Program Skills In the following list, put a "T" before those activities you can organize and Teach as an expert, an "A" for those activities in which you can Assist, and a "C" for those in which you have *current Certification* and attach a copy of your certification.

| | | | |
|--|---|--|---|
| Adventure/Challenge _____ Challenge/ropes course _____ Climbing/rappelling _____ Outpost camping | Other Skills (list) _____ _____ _____ | Sports/Fitness _____ Aerobics/exercise _____ Archery _____ Baseball/softball _____ Bicycling/biking _____ Boxing _____ Weight lifting _____ Fishing _____ Football _____ Golf _____ Gymnastics _____ Hockey (court) _____ Horseback riding _____ Informal games _____ Martial arts _____ Skating _____ Soccer _____ Snow sports: _____ _____ Tennis _____ Track/Field _____ other: | Waterfront _____ Board _____ Canoeing _____ Fishing _____ Kayaking _____ Rowing _____ Sailing _____ Water Skiing _____ Synchronized _____ Swimming |
| Arts and Crafts _____ Boondoggle _____ Drawing/Painting _____ Leather Craft _____ Camp Crafts _____ Photography _____ Other: | Drama _____ Skits/Stunts Music _____ Singing _____ Instrument: | | |
| Camp Craft/Pioneering _____ Backpacking _____ Survival Skills _____ Hiking/O.E.E. _____ Outdoor cooking _____ Outdoor living skills _____ Overnight trips _____ Wilderness trips | Nature _____ Animals/Care _____ Astronomy _____ Birds _____ Environment _____ Flowers _____ Forestry _____ Insects _____ Weather | | Miscellaneous _____ Office skills _____ Community service _____ Food Service _____ Foreign language _____ Maintenance _____ Grounds keeping _____ Kitchen assistant _____ Landscaping _____ Storytelling _____ Team building |

Certifications and Camp Support Staff Skills In the following list, please check those items in which you have experience and skills. Mark with a "C" those for which you hold current certification and attach a copy of your certification. All lifeguards must state age: _____ (solely for Health Department approval).

| Type of Certifications | Issued By | Expiration Date | Attached Copy/Scan |
|-------------------------------|-----------|-----------------|--|
| Health/Safety/Aquatics | | | |
| _____ CPR Pro. Rescuer-AED | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ First Aid | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ Lifeguard | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ Nursing | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ Waterfront Mngmt | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ ARC RTE | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ Other | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Food Service | | | |
| _____ Cooking/meal prep | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ Food Handler's Permit | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ Menu planning | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ Purchasing | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ Sanitation | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

What contributions do you think you can make at Camp?

What contributions do you think a well-run camp can make to children?

Harassment The camp's policy is to prohibit all forms of harassment by our employees. This includes sexual, racial, religious, and other forms of harassment. Have you ever been accused of harassment of any person including, but not limited to, workplace harassment? (A prior accusation is not an automatic bar to employment, but will be considered in relation to the position sought) Yes No
Explain _____

Criminal Record Do you have any pending charges or have you ever pled guilty or been convicted of a crime, felony, disorderly persons offense, intoxicated/impaired driving offense, public indecency, or other violations of the law? Do not include convictions that have been annulled, expunged, or sealed by a court of law. Answering "Yes" to this question does not constitute an automatic bar to employment, but will be considered in relation to the position sought. Yes No

Explain _____

PLEASE READ BEFORE SIGNING

We appreciate your interest in a position with YMCA Camp Onyahsa. If you have questions about making the following statement, please ask the Camp Office for clarification.

I authorize investigation of all statements herein, including any checks of criminal records, reference checks, and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an "employment at will" giving either me or YMCA Camp Onyahsa the right to terminate my employment at any time without liability or obligation except for my regular pay through date of termination. My employment at will status can only be changed or modified by a written contract signed by both YMCA Camp Onyahsa and me. Furthermore, I understand that any agreement must be in writing and signed by the designated camp official. I also understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery by the Camp. I understand and agree that if I am employed,

Statement of Application

In YMCA Camp Onyahsa's effort to attract the highest quality staff, I have been advised that as a part of the application process for employment with YMCA Camp Onyahsa, an extensive inquiry will be made concerning my prior employment, activities, character, and health, and I fully consent to and authorize all such inquiries. All prospective staff will be thoroughly checked against state and federal criminal and sexual abuse registries, and will be closely supervised if hired. We consider each application without regard to age, race, gender, color, religious creed, national origins, sexual orientation, criminal record, handicap, disability, marital status, or any other legally protected status pursuant to relevant to local, state, or federal laws. Reasonable accommodations will be made for applicants with disabilities and qualified new hires. YMCA Camp Onyahsa has a strictly-enforced policy that prohibits the neglect, abuse, or mistreatment of minors—including other employees/volunteers. It will take all allegations of abuse or mistreatment seriously and will fully cooperate with appropriate authorities during any investigation. Staff members have a legal and ethical responsibility to report any case of suspected abuse or suspicious behavior to a minor by another staff member or program participant. Staff members agree to notify the Camp Administration if they are arrested or convicted of a crime while employed by this organization. The YMCA maintains a "zero tolerance" policy for child and/or substance abuse. Screening tests for alcohol and illegal drug use may be required before hiring, and during employment.

In the event of my employment by YMCA Camp Onyahsa, 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 in 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 my employment or, after employment, would be cause for termination of employment with YMCA Camp Onyahsa.

The information provided in this Application for Employment is true, correct, and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment creates no obligation on you, the employer, to continue to employ me in the future. I hereby acknowledge that I have read and understood the above statements and that I voluntarily sign this application.

I agree to these policies:

Signature of Applicant _____ Date _____

Return to: YMCA Camp Onyahsa: 101 E. 4th Street, Jamestown, NY 14701

office@onyahsa.org Fax: 716-487-1174