



Summer Camp Counselor
Employment Application Packet



**BE ACTIVE
BE YOURSELF
BELONG**

YMCA SUMMER CAMP

YMCA Mission: "To put Christian principles into practice through programs that build healthy spirit, mind and body for all".



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Summer Day Camp Counselor Employment Information

Dear Summer Staff Applicant,

Thank you for applying for a position at the Brad Akins YMCA! We are currently looking for responsible and dedicated staff to help make this a spectacular summer for our campers. If you think you would be a valuable addition to our team, I encourage you to fill out this application packet and return it to the YMCA Front Desk as soon as possible!

To make the application process as simple as possible, we have included everything you need in this packet. Make sure to read through the information carefully and contact me with any questions you may have.

What to do with your applications:

1. Fill out the YMCA Application. Please be sure to list the positions you are applying for and provide us with accurate contact information. Also, be sure to completely list your previous employment experiences, including the names and numbers of your former supervisors.
2. Fill out the Summer Applicant Information Form. This form is invaluable to us as we sort through the numerous applications we receive each summer, so please put some time and thought into your answers.
3. Turn in your completed applications. You can do this at the Front Desk or through the mail. Completed forms can be sent to the Brad Akins YMCA, 50 Brad Akins Dr., Winder, GA 30680, Attn: Todd Lee.

Once you have turned in your application, it will be reviewed by the Camp Director. The most qualified applicants will be contacted for an interview.

On the back of this letter is a list of frequently asked questions about summer staff positions. I hope it can answer any questions you have. If not, feel free to contact me by phone at (770) 868-2917 or by email at todd@gapiedmontymca.org.

Hope to see you this summer!

Sincerely,
Todd Lee
Youth Program Director

Get the F.A.Q.s

Frequently Asked Questions about YMCA Summer Staff Positions

Q. What are the hours like?

- A. Counselors should expect to work 19-30 hours per week. Typically, much of your week will be spent working directly with children and the rest is spent planning future activities, gathering equipment and supplies, performing administrative tasks, and talking to parents.

Counselors and Specialty Counselors will work anywhere from 15-25 hours per week, with much of their time spent in direct contact with children. Counselors generally work from 8:45 a.m. – 4 p.m., and Specialty Counselors work a split shift in the early morning (6:30 – 9:30 a.m.) and late afternoon (3:30 – 6 p.m.).

Q. What do you look for in a candidate?

- A. We look for people who can be positive role models for our campers, and who are dedicated to the idea of providing them with an enriching camp experience. Some of the key things we look for are:
- a. 18 or older, preferably with college experience
 - b. Experience working with children
 - c. Future career goals involving children
 - d. Initiative, enthusiasm, creativity, versatility, responsibility, maturity
 - e. Availability (for the hours and weeks necessary)
 - f. Good communication, problem-solving and decision-making skills
 - g. Positive attitude and the ability to be silly, laugh and have fun

While it is not necessary that you have every single one of these characteristics, this should give you an idea of the type of employee we are looking for.

Q. What if I want to take a week or two off during the summer to go on vacation, etc.?

- A. We grant time off for family emergencies and college orientations, and occasionally for important family functions (reunions, weddings, etc.). However, because of the time and energy it takes to train staff and the importance of each position, we need staff members who can be with us for much of the summer.

Q. What do Counselors do with the campers each day?

- A. Counselors are responsible for a group of approximately 18 campers. Counselors get to know each child in their group very well and help them develop new skills and abilities as the week progresses. Counselors are responsible for their campers at every moment of the day – from morning assembly to evening check-out. This includes transporting them to and from activities, swimming with them each day, planning small group activities, playing games and singing songs with them, eating lunch together, and getting to know their parents.

Q. This job sounds hard. Why would I want to do it?

- A. Being a camp counselor is one of the hardest jobs you'll ever have. It is also one of the most rewarding. You'll build incredible friendships with your fellow staff members and campers, many of which will last for years to come. The work experience you gain will be invaluable and will show any future employer that you are responsible and hard-working. Oh, and did we mention the job is a whole lot of fun?

The most important reward, though, is the knowledge that you made an incredible impact on each one of your campers' lives. No matter how fun it was to swim every day, campers love camp because of you. Because you helped them grow and learn new things. Because you coached them through tough times and listened to their problems. Because you were silly and crazy with them. Because you protected them and cared about their lives and their futures.

Because of you, they will be better, stronger, more capable people. Can you imagine a better way to spend your summer? ☺

Memo

To: Summer Camp Applicants

From: Todd Lee

Date: 3/1/2024

Re: Training Dates

Please review the attached information:

Training Dates – Should you be hired for a position as a Camp Counselor, there are some training dates that you will be required to attend. The training you will receive is important to you knowing how to do your job.

The training dates are as follows:

Tuesday May 21st: 9am – 1 pm

Thursday May 23rd: 12 pm – 4 pm

Friday May 24th: 12 pm – 4 pm



Summer Camp Staff Information Sheet

STAFF INFORMATION

Name: _____ Telephone Number: _____
Address: _____ Email: _____

SHIRT SIZE: (CIRCLE)

S M L XL XXL XXXL

POSITION DESIRED

Counselor Back Door

GROUP PREFERRED

1st grade 2nd-3rd grades
 4th-5th grades 6th-8th grades

AVAILABILITY

_____ AM/PM to _____ AM/PM
Mon Tues Wed Thurs Fri

TRAINING AVAILABILITY

May 21 (9a-1p) May 23 (12p-4p) May 24 (12p-4p)
It is required that you attend all three days
 I need CPR/First Aid training

ADDITIONAL INFORMATION

Would there be anything to prohibit you working all summer (vacations)?

NO

YES (Please explain) _____

CERTIFICATIONS

Do you have any of the following certifications (check all that apply):

CPR/First Aid (expiration) _____ Lifeguard (expiration) _____
 Commercial Driver's License Other (explain) _____



YMCA of Georgia's Piedmont Employee Application

Please print and answer all questions. If one does not apply, insert N/A. If additional space is required to adequately answer any question, please indicate by an asterisk (*) and identify the supplemental information on a separate sheet. This application is not intended to imply limitations, preferences or discrimination based on age, sex, marital status, race, creed, color, national origin or existence of any sensory, mental or physical disability that does not interfere with the performance of the position for which you are applying.

Position Applied: _____ Branch: _____ Date: _____

PERSONAL INFORMATION

Full Name: _____

Social Security #: _____ Phone #: _____ Cell / Home

Current Address: _____

Email Address: _____

Are you currently employed? _____ Date you are available to begin work? _____

May we contact your current employer? _____

Have you previously worked at another YMCA? _____

Have you the legal right to work in the United States? _____

Have you ever been charged with or convicted of a misdemeanor or felony? _____

If yes, please explain _____

Are you interested in: Part-time: _____ Full-time: _____

Will you be available to work overtime? _____

List hours you would be available to work:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Sunday _____

Emergency Contact: _____

Phone Number: _____ Relationship: _____

EMPLOYMENT HISTORY (List last four employers starting with the most recent.)

Company Name: _____ Phone Number: _____

Address: _____

Supervisor's Name: _____

Employment Dates: _____
(Beginning and Ending Month and Year)

Title and brief description of duties. _____

Reason for leaving: _____

Company Name: _____ Phone Number: _____

Address: _____

Supervisor's Name: _____

Employment Dates: _____
(Beginning and Ending Month and Year)

Title and brief description of duties. _____

Reason for leaving: _____

Company Name: _____ Phone Number: _____

Address: _____

Supervisor's Name: _____

Employment Dates: _____
(Beginning and Ending Month and Year)

Title and brief description of duties. _____

Reason for leaving: _____

Company Name: _____ Phone Number: _____

Address: _____

Supervisor's Name: _____

Employment Dates: _____
(Beginning and Ending Month and Year)

Title and brief description of duties. _____

Reason for leaving: _____

PERSONAL REFERENCES

List below the names of three people you have know for at least one year. **One person should be a family member.**

Name: _____ Phone Number: _____
Address: _____
Relationship: _____ Years Acquainted: _____

Name: _____ Phone Number: _____
Address: _____
Relationship: _____ Years Acquainted: _____

Name: _____ Phone Number: _____
Address: _____
Relationship: _____ Years Acquainted: _____

EDUCATION

High School

School Name: _____
Graduated: Yes _____ No _____ Current Grade: _____

Junior College

School Name: _____
Address: _____
Years Completed: _____ Degree: _____

College/University

School Name: _____
Address: _____
Years Completed: _____ Degree: _____

Graduate School

School Name: _____

Address: _____

Years Completed: _____ Degree: _____

Trade School

School Name: _____

Address: _____

Years Completed: _____ Degree: _____

SKILLS

List any additional special training or seminars: _____

List any licenses, certificates or professional achievements. Please attach copies. _____

Foreign Languages:

Speak: _____ Read: _____ Write: _____

Machines Operate: _____

Type: Yes _____ WPM: _____, No _____

Please read the following before signing this application:

1. I declare that the information submitted in this application is true to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for is cause for dismissal.
2. I understand that any false or incorrect statement or omission of a fact on this application or during the interview process shall result in rejection of my application or my dismissal.
3. I understand that the consideration of my application does not constitute an obligation to offer employment. I authorize investigation of all statements contained in this application.
4. I understand and agree that my employment or independent contract or relationship is for no definite period and may, regardless of the date of payment of my compensation, if any, be terminated at any time without any previous notice.

I have read and understand the above.

Applicant Signature

Date



YMCA of Georgia's Piedmont Statement of Job Applicant

In the YMCA of Georgia's Piedmont efforts to attract the highest quality staff, I have been advised that as a part of the application process for employment, an extensive inquiry will be made concerning my prior employment, activities, character, and health. This inquiry will include conviction criminal history information and information in my background related to child abuse. I fully consent to and authorize all such inquiries. I will provide the requested information for the sole purpose of obtaining a conviction-only criminal history file search. I understand that my continued employment is contingent upon a clean criminal history background check and a physician's statement showing me to be in good health.

I authorize the YMCA of Georgia's Piedmont to request my employment record from any former employer(s). I further understand that inquiries may be made concerning my background, experience, and prior employment. I waive any right to claim that any request or investigation is an invasion of my privacy, since it is made with my consent and it is in my interest that I am considered for employment. I also release the YMCA from any liability re: sharing with third parties any child abuse information gathered in this background check or observed during my employment with the YMCA.

In the event of my employment by the YMCA of Georgia's Piedmont, I will comply with all policies set forth in the personnel manual and with other policies established from time to time by the organization. I also understand that if hired as a YMCA employee or volunteer, I am not allowed to fraternize with YMCA youth members or participants outside of YMCA programs, including, but not limited, to babysitting or inviting children to my home.

I understand that the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation.

I understand and agree that if I am employed, there is no contract period for employment and my employment would be solely "employment at will," giving either me or the YMCA the right to terminate my employment at any time without liability or obligation except for my regular pay through the date of termination.

I certify that all statements made by me on this application are true 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. Any misrepresentation or omission of facts discovered after employment may be cause for termination of employment with the YMCA.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

Applicant Signature: _____ Date: _____



YMCA of Georgia's Piedmont Release of Information

I hereby authorize any person, educational institution or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold the YMCA of Georgia's Piedmont, any former employers, educational institutions and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

I hereby authorize that a photocopy of this release be considered as valid.

Applicant Signature

Date

Applicant Printed Name



**YMCA of Georgia's Piedmont
Pre-employment Drug Screen Consent Form**

I have applied for employment with the YMCA of Georgia's Piedmont. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by the YMCA of Georgia's Piedmont for any job position.

I hereby authorize any physician, laboratory, hospital or medical professional retained by the YMCA of Georgia's Piedmont for screening purposes to conduct such screening and to provide the results to the YMCA of Georgia's Piedmont, and I release the YMCA of Georgia's Piedmont and any person affiliated with the YMCA of Georgia's Piedmont and any such institution or person conducting the screening, from liability therefore.

Applicant Signature

Date

Applicant's Printed Name

Release for Criminal Background Check

I, _____, authorize the YMCA of Georgia's Piedmont to conduct a criminal background check for hiring and periodically for the duration of my employment with this company. This includes, and is not to, employment, criminal, educational and credit history. I authorize all agencies who may have information relevant to this investigation to disclose said information to the YMCA of Georgia's Piedmont and/or its agents. I release all persons or agencies from any liability from disclosure of background information. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, or mode of living.

Company

Social Security Number

Date of Birth

Print name

Date

Current Physical Address

City, State Zip

Signature

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