

CAMP COUNSELOR APPLICATION PACKET

BRAD AKINS YMCA



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. <u>Fill out the YMCA Application.</u> 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. <u>Fill out the Summer Applicant Information Form.</u> 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. <u>Turn in your completed applications</u>. 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 <u>you</u>. 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? \odot

SUMMER CAMP 2025

Memo

To: Summer Camp Applicants

From: Todd Lee

Date: 2/11/2025

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 20th: 9am – 2pm (New hires only)

Thursday, May 22nd: 9am – 2pm (All staff)

Friday May, 23rd: 9am – 2pm (All staff)

STAFF INFORMATION		
Name: Birthdate:		
Phone Number: Email:		
SHIRT SIZE:		
S M L XL XXL XXXL		
GROUP PREFERRED		
☐ 1 st grade ☐ 2 nd -3rd grades ☐ 4 th -5 th grades ☐ 6 th -8 th grades		
T i grades T o o grades		
AVAILABILITY (7am to 6:30pm)		
Mondayam topm Tuesdayam topm		
Wednesdayam topm Thursdayam topm		
Fridayam topm		
TRAINING AVAILABILITY		
☐ May 20th (9am-2pm)		
☐ May 22nd (9am-2pm) ☐ May 23 rd (9am-2pm)		
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 (Explain)		
TES (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 and 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 INFORMA			
Full Name:			
	Phone #:		
Current Address:			
	ved? Date you are availab		
May we contact your curi	ent employer?		
Have you previously wor	ked at another YMCA?		
Have you the legal right t	o work in the United States?		
Have you ever been charg	ged with or convicted of a misder	meanor or felony?	
If yes, please explain			
Are you interested in:	Part-time:	Full-time:	_
Will you be available to w	vork overtime?		
List hours you would be a	vailable to work:		
Monday	Tuesday	_ Wednesday _	
Thursday Sunday	Friday	Saturday	
Emergency Contact:			
Phone Number	Relat	ionshin:	

EMPLOYMENT HISTORY (List last four employers starting with the most recent.) Company Name: _____ Phone Number: ____ 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:	
Employment Dates:(Beginning	and Ending Month and Year)
	es
*********	**************
PERSONAL REFERENCES	
List below the names of three peobe a family member.	ople you have know for at least one year. One person should
Name:	Phone Number:
Address:	
Relationship:	Years Acquainted:
Name:	Phone Number:
Address:	
Relationship:	Years Acquainted:
Name:	Phone Number:
Address:	Variable Associated
Relationship:	Years Acquainted:
********	****************
<u>EDUCATION</u>	
High School School Name:	
Graduated: Yes No	Current Grade:
Junior College	
Address:	
Years Completed:	Degree:
College/University	
School Name:	
Address:	
Years Completed:	Degree:

Graduate School		
School Name:		
Address:	Dames	
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 acl	hievements. Please attach copies.	
Foreign Languages:		
Speak: Read:	Write:	
Machines Operate:		
Type: Yes, No		
************	************	
Places read the following before signing this an	nliantion	
Please read the following before signing this apple. I declare that the information submitted in the		
	representation or omission of facts called for is	
cause for dismissal.	representation of offission of facts carled for is	
	ment or emission of a feet on this application or	
2. I understand that any false or incorrect states		
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		
terminated at any time without any previous	ate of payment of my compensation, if any, be 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,		
Company	_	
Social Security Number	Date of Birth	
Print name	Date	
Current Physical Address	City, State Zip	
Signature		