



OFFICE USE ONLY	
Date Rec'd	_____
Refs	_____
Notes _____	

YMCA CAMP WEAVER

4924 TAPAWINGO TRAIL
 GREENSBORO, NC 27406
 336-697-0525 * FAX 336-697-0596
 INFO@CAMPWEAVER.ORG

SUMMER STAFF APPLICATION

NAME:		SOCIAL SECURITY NUMBER:
PRIMARY PHONE:	OTHER PHONE:	E-MAIL:
PERMANENT ADDRESS:		CURRENT ADDRESS UNTIL _____:
UNIVERSITY/ HIGH SCHOOL:	POSITION (PLEASE CIRCLE ONE)	
YEARS COMPLETED:	ASST. DIRECTOR OVERNIGHT CAMP <input type="checkbox"/>	
MAJOR:	ASST. DIRECTOR DAY CAMP <input type="checkbox"/>	
	CIT DIRECTOR <input type="checkbox"/>	
	LIT DIRECTOR <input type="checkbox"/>	
	ACTIVITY DIRECTOR ONE OF EACH (ROPES, EQUESTRIAN, WATERFRONT, SKATE PARK, TARGET SPORTS, CRAFTS, SPORTS)	
	JR. COUNSELOR COUNSELOR	
	OTHER POSITIONS NOT LISTED _____	
AVAILABLE TO WORK FROM: _____ TO _____	HAVE YOU...	
NOTE CAMP WEAVER RUNS AN 11 WEEK PROGRAM.	APPLIED WITH CAMP WEAVER BEFORE Y <input type="checkbox"/> OR N <input type="checkbox"/>	
	BEEN EMPLOYED WITH YMCA OF GSO Y <input type="checkbox"/> OR N <input type="checkbox"/>	
	BEEN EMPLOYED WITH ANY YMCA Y <input type="checkbox"/> OR N <input type="checkbox"/>	
	BEEN CONVICTED OF A CRIME OR PLED NO CONTEST	
HOW DID YOU BECOME INTERESTED IN CAMP WEAVER?	DETAILS: Y <input type="checkbox"/> OR N <input type="checkbox"/>	
	ARE YOU...	
	ABLE TO PROVIDE EVIDENCE THAT YOU ARE AUTHORIZED TO WORK IN THE US? Y <input type="checkbox"/> OR N <input type="checkbox"/>	
	UNDER 18, DO YOU HAVE A WORK PERMIT? Y <input type="checkbox"/> OR N <input type="checkbox"/> N/A <input type="checkbox"/>	
	ABLE TO PROVIDE A CURRENT DRIVER'S LISCENSE, IF REQUIRED BY THE POSITION? Y <input type="checkbox"/> OR N <input type="checkbox"/> N/A <input type="checkbox"/>	

EMPLOYMENT HISTORY

PRESENT OR MOST RECENT EMPLOYER	TITLE	MAY WE CHECK REFERENCES
ADDRESS	PHONE	SUPERVISOR
REASON FOR LEAVING	EMPLOYMENT DATES	STARTING – ENDING PAY

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ADDRESS	PHONE	SUPERVISOR
REASON FOR LEAVING	EMPLOYMENT DATES	STARTING – ENDING PAY

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY JOB HELD?			Y <input type="checkbox"/> OR N <input type="checkbox"/>
			<input type="checkbox"/> N/A <input type="checkbox"/>
EXPLAIN ANY GAPS IN YOUR EMPLOYMENT AS REFLECTED IN YOUR EMPLOYMENT HISTORY:			
MILITARY INFORMATION	BRANCH	DATES	RANK
CURRENT STATUS	RESERVE STATUS: ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> NONE <input type="checkbox"/>		
DISCHARGE STATUS: HONORABLE DISCHARGE <input type="checkbox"/> DISHONORABLE DISCHARGE <input type="checkbox"/>			
SPECIAL MILITARY TRAINING, EDUCATION AND/OR WORK EXPERIENCE RELEVANT TO THE POSITION APPLIED FOR:			

PERSONAL REFERENCES

NAME OF <u>RELATIVE</u>	RELATION	PHONE
ADDRESS	YEARS KNOWN	OCCUPATION

NAME	RELATION	PHONE
ADDRESS	YEARS KNOWN	OCCUPATION

NAME	RELATION	PHONE
ADDRESS	YEARS KNOWN	OCCUPATION

PLEASE READ CAREFULLY AND SIGN BELOW.

In making an application for employment with the YMCA of Greensboro, I understand and acknowledge the following:

1. The information given by me on this application is true in all respects and I have not failed to disclose information that the YMCA of Greensboro could consider relevant to its hiring decision. I understand that I may be refused employment, or if employed, terminated, if I give false or misleading information on my application or during the interview process.
2. The YMCA of Greensboro has my expressed authorization to thoroughly investigate my work, criminal record, or other related matters as may be necessary in arriving at an employment decision. The investigation may include personal interviews with former employers, references, neighbors, friends, and others with whom I am acquainted, and will include a criminal background check. Further, I hereby authorize every person or entity contacted by the YMCA of Greensboro to make any disclosure requested by the YMCA of Greensboro and release all records, including employment, medical and school records, such as assessments of my job performance and ability. Furthermore, I agree to hold harmless any and all persons and entities contacted by the YMCA of Greensboro during the course of the investigation.
3. I understand that if I receive an offer of employment, the offer will be contingent upon the successful passing of a pre-employment drug screen. I further understand that failure to submit a drug test will make me ineligible for employment. Further, if hired, I may from time to time be required to undergo testing to determine if I am involved in the improper or illegal use of drugs or alcohol.
4. I understand that the YMCA of Greensboro reserves the right to require a medical examination of an employee at any time except as prohibited by State or Federal Law.
5. I understand that, if employed, my employment is for no definite period of time, that I may terminate my employment at any time without cause, and that the YMCA of Greensboro may terminate my employment at any time without cause, and that the YMCA of Greensboro may terminate or modify my employment at any time without notice and without cause.
6. Should I become employed with the YMCA of Greensboro, I agree to conform to the rules and regulations of the Association and any modifications or amendments thereto.
7. I have read and understand the above and have had the opportunity to ask questions, which, if asked, were satisfactorily answered.

Signature: _____ Date: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS. IF EXTRA SPACE IS NEEDED, PLEASE ATTACH ANOTHER SHEET OF PAPER.

Name:

Any previous camp experience? Y N As a camper staff member, Where?
What is one of your best memories there?

Why do you want to work at Camp Weaver?

As a Weaver staff member what do you think your responsibilities to the campers would be?

How will you be successful as a camp counselor?

List 3 heroes you have and explain.

Please describe an accomplishment of which you are especially proud.

Give the names, addresses, and phone number of any friends that may be interested in application information from Camp Weaver.

ACTIVITY EXPERIENCE

Please rank the following activities with a “1” before those activities you can organize, lead or teach; a “2” for those activities in which you could assist in teaching; “3” for those in which you have participated but have little skill or experience.

<p>Counselor Positions</p> <p>____ Archery</p> <p>____ Baseball</p> <p>____ Basketball</p> <p>____ BB Guns</p> <p>____ Campfires (song leading/skits)</p> <p>____ Canoeing</p> <p>____ Crafts</p> <p>____ Drama/Improv</p> <p>____ Fishing</p> <p>____ Flag football</p> <p>____ Frisbee (ultimate/ golf)</p> <p>____ Games (field, large/ small group)</p> <p>____ Hiking</p> <p>____ Horseback (English, Western)</p> <p>____ Kayaking</p> <p>____ Kickball</p> <p>____ Lifeguarding</p> <p>____ Music</p> <p>____ Outdoor Living Skills (plants, animals)</p> <p>____ Photography</p> <p>____ Pottery</p> <p>____ Radio Station</p> <p>____ Ropes Course (belaying, climbing, equipment, low ropes)</p> <p>____ Skateboarding</p> <p>____ Soccer</p> <p>____ Swim Instruction</p> <p>____ Volleyball</p> <p>Others skills not listed _____</p> <p>_____</p> <p>_____</p>	<p>Of these activities which do you feel you can best teach. Please explain your past experience.</p> <p>1. _____</p> <p>Past Experience: _____</p> <hr/> <hr/> <p>2. _____</p> <p>Past Experience: _____</p> <hr/> <hr/> <p>3. _____</p> <p>Past Experience: _____</p> <hr/> <hr/> <p>4. _____</p> <p>Past Experience: _____</p> <hr/> <hr/> <p>Note: Each staff member is assigned to one or two activity area for the summer. Staff training includes instruction in leading activity area.</p>
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What age of camper do you prefer working with: (please indicate a 1st and 2nd choice)

(6 yrs) _____ (7 – 9 yrs) _____ (10 – 12 yrs) _____ (13 – 15 yrs) _____

Why are you interested in working with this age group?

Being a camp counselor can be an amazing experience that will last a lifetime. It comes with sacrifice and great dedication from you. Are you willing to work long hours with little privacy, follow strict camp policies (curfew, time off, no smoking, no drinking, no drugs, no sexual behavior)? At the end of the summer you will not be rich with money, however you will have priceless memories. **Are you committed to making the necessary sacrifices?**

CERTIFICATIONS

Please list any **current** certifications: **(please enclose copies of certification cards)**.

_____ Expires _____

_____ Expires _____

_____ Expires _____

_____ Expires _____