



RYE Y CAMP RETURNING STAFF APP -> 2017

*This application is only for summer camp staff who worked with us in the summer of 2016.
All others must fill out a full application.*

Full Name:		
Address: (this will be where we mail your paperwork)		
City:	State:	Zip:
Cell Phone:	Home Phone:	
Email:	School Name:	
<p>CAMP STAFF TRAINING is June 22, 23, 24(Thurs. through Sat.). This training is MANDATORY for all staff. Please note below if you have any issues with these dates. Note that more senior roles require an additional day of staff training on Wed. June 21.</p>		

What camp and position did you fulfill summer of 2016?	*What camp/position are you interested in for summer 2017?
Why do you feel you qualify and could excel in this position? (please reach beyond your tenure or years at camp as a reason!)	
What is something new that you could bring to the camp program this summer?	
Is there anything that has occurred this past year up through today's date that would have an effect on your ability to perform your duties on camp staff or employment status? <i>This includes any criminal charges, guilty pleas, failure to be reemployed, involuntary discharge, fired, etc.</i>	Please list any new experience, certifications, licenses, etc.:

*If the position is available and your qualifications match the expectations of the position you will be contacted for an additional interview with a member of the camp leadership team.

Applicant's Signature

Date

Parent's Signature (if applicant is under 18 years old)

Date

Please return to the Rye Y or email to: camp@ryeymca.org

RYE YMCA
STATEMENT OF APPLICANT

In the Rye YMCA's efforts to attract the most qualified employees, volunteers, contractors, temps, etc., I have been advised that as a part of the application process for employment with the YMCA, an extensive inquiry will be made concerning my prior employment activities, character and health, and I fully consent to and authorize all such inquiries.

I will comply with all policies set forth by the Rye YMCA, which are stated in the organization's procedure manual and also with other policies established from time to time by the Rye YMCA. I have authorized the YMCA to request personal information from former employer(s). I understand that inquiries may be made, concerning my background, experience and prior employment; therefore 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 understand that my continued employment is contingent upon a physician's statement showing me to be in good health and a clean criminal history background check

I understand that it is this agency's policy to secure indicated child abuse or maltreatment information as a part of the pre-employment screening process. I have provided the following information for the sole purpose of obtaining an indicated child abuse or maltreatment report file search. I understand that the Rye YMCA does not condone child abusers and that the Rye YMCA will be seeking information in my background related to child abuse.

Name _____
First Middle Last

Maiden name(s) _____ Email Address _____

Social Security Number _____ Date of Birth _____
Month Day Year

This box is only required if the Rye Y is conducting a driving background check to authorize clearance to drive Rye YMCA vehicles.
Driver's License Number _____ State _____

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 or after employment, may be cause for termination of employment with the YMCA.

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 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, especially babysitting or inviting children to my home.

I understand and agree that if I am employed, there is no contract period for employment and my employment would be solely an "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 my termination. I hereby acknowledge that I have read and understand the above statement and that I voluntarily sign this application.

Printed Name Signature Date

RYE YMCA

DISCLOSURE STATEMENT & BACKGROUND CHECK **(Ages 18+ ONLY)**

A background check is only performed on applicants 18+ years of age, if you are considered for a position at the Rye YMCA. As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

AUTHORIZATION TO RELEASE INFORMATION

I, _____
First Name Middle Name Last Name Maiden Name(s) if applicable

Date of Birth Social Security Number Email address

Current Street Address, City, State, Zip Month and year started living here

Address History (if applicable)

Addresses for the past 7 years (Street Address, City, State, Zip)	Date Range (Month and Year)
1.	
2.	
3.	

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Driver's License Number _____ State _____

I do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of IntelliCorp Records, Inc to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by IntelliCorp Records, Inc for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by IntelliCorp Records, Inc to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**I hereby do ___ do not___ authorize you to contact my employers for Employment/Reference Verifications. This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.

I have the right to make a request to IntelliCorp Records, Inc, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name Signature Date