



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



RYE YMCA

21 Locust Avenue, Rye, NY 10580
P: 914-967-6363 F: 914-967-0644
Equal Opportunity Employer

SUMMER CAMP 2018 EMPLOYMENT APPLICATION

This association does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, sexual orientation, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully, but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying. **This application must be completed by the applying candidate only.**

Mission Statement: The Rye YMCA is a family-oriented community service organization which welcome people and promotes positive values through programs that build spirit, mind and body.

Full Name (first, middle, last, maiden)		Today's Date	
Street Address	City	State	Zip
Home Phone		Cell Phone	
Email (please print legibly)			
As required by the American Camp Association, camp staff must be at least 16 years old to be able to supervise children in summer camp. We have a limited amount of Junior Counselor roles (16 and 17 years old) as we are required to maintain 80% of our camp staff at 18 years old and older. Please choose the box below that best applies to you.			
<input type="checkbox"/> I am at least 16 years old, or will be by June 20, 2018		<input type="checkbox"/> I am at least 18 years old, or will be by June 20, 2018	
<small>*staff that are accepted for employment that will be under the age of 18 during the summer must provide working papers</small>			
Are you authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If hired, can you provide documentation? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Please circle all camps you are interested in working at...

DISCOVERY	SPORTS	STEAM	ADVENTURE	KINDER	GYMNASTICS
Ages 4-12 @ Osborn School <i>A traditional co-ed day camp with crafts, games, swim lessons, trips and more.</i>	Ages 5-14 @ Osborn School <i>A co-ed day camp for sports enthusiasts that focuses on individual/team skills.</i>	Grades 2-5 @ Osborn School <i>A co-ed day camp focusing on Science, Technology, Engineering, Art, and Math.</i>	Grades 6-9 @ Osborn School <i>A co-ed day camp which goes on daily local and regional trips.</i>	Ages 3-6 @ Rye Y <i>An entry-level co-ed day camp designed for our youngest campers. Half & full-day options.</i>	Ages 6-14 @ Rye Y <i>A co-ed day camp that focuses on building gymnastics skills. Half & full-day options.</i>

STAFF COMMITMENT

- Mandatory Camp Staff training is June 20- June 23 (there are specific circumstances where you may be approved to miss some of camp training, please note below).
- Camp is 8-weeks in length from June 25- August 17
- We ask that staff request **NO more than 5 days off** for the entire summer. Individuals not available for the specific camp schedule listed above may not be considered for employment at the Rye Y
- We have daily swim lessons at many of our camps and we ask our staff to be active participants in the pools.
- Please share any conflicts with the above:**

Options for turning your application in:

(1) Hand-in at the Rye Y Membership Desk (2) Email to: camp@ryeymca.org

Have you previously applied for employment for any YMCA?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you previously worked for a YMCA?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If so, when and please name the YMCA:				
How were you referred to the Rye YMCA? Please share the name of the referral source				
Have you failed to be reemployed, ever been involuntarily discharged, fired or asked to resign a position? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, give dates and circumstances:				

EMPLOYMENT HISTORY			
List all positions you have held, beginning with your most recent. Include self-employment and volunteer work. Attach an additional sheet if necessary. If no history, simply state "none."			
Name of current or last employer			Dates Employed From: To:
Street Address		City	State Zip
Phone			
Name and title of immediate supervisor	May we contact this employer while we are considering your application? Yes <input type="checkbox"/> No <input type="checkbox"/>		Your position/title
Reason(s) for terminating or considering a change		Any supervisory experience? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please describe:	
List major duties performed in this position			
Name of previous employer			Dates Employed From: To:
Street Address		City	State Zip
Phone			
Name and title of immediate supervisor	May we contact this employer while we are considering your application? Yes <input type="checkbox"/> No <input type="checkbox"/>		Your position/title
Reason(s) for terminating or considering a change		Any supervisory experience? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please describe:	
List major duties performed in this position			

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REFERENCES 4 references are required (one needs to be a family member)

Professional Reference #1	Title	Email	Phone #
Professional Reference #2	Title	Email	Phone #
Professional Reference #3	Title	Email	Phone #
Family Reference#4	Relationship	Email	Phone #

EDUCATION

Level	Name & Location	Dates Attended	Did you Graduate?	Degree/ Diploma	Major/Course
High School		From To			
College		From To			
Business Trade Technical		From To			
Other (GED, etc)		From To			

SPECIAL SKILLS

Please describe any volunteer work or other experiences you consider relevant and when you completed it.

Please describe any honors, recognition, or awards you have achieved.

All counselors and leadership staff assist in daily swimming and swim lessons. We provide instruction training and skills. Please let us know if you have any concerns about being in a pool at least 4 feet deep.

Please describe any special skills relevant to summer camp (arts, sports, teaching/instruction, games, leadership, STEM, etc)

Please list any certifications you have (First Aid, CPR, etc).

APPLICANT STATEMENT

The above information is true and complete to the best of my knowledge. Should I be employed by the Rye YMCA, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. The Rye YMCA has my permission to obtain all necessary Information from the references. I have listed, or any other sources, concerning my prior employment or personal history, and I release all parties from any possible damages resulting from disclosing such information.

Statement on Child Abuse Prevention

The YMCA's leadership and Board of Directors take both the protection of employees and participants and the prevention of abuse extremely seriously and structure our programs so that no one may be alone with a child at any time. We try to prevent any and all opportunities for abuse and we periodically interview participants about their experience in our programs. If an allegation does occur we will pro-actively work with the authorities. We have zero tolerance for risky or inappropriate behavior, bullying and abuse.

I understand and agree that my employment is for no definite period of time and may be terminated at any time without previous notice.

SIGNATURE

DATE

PRINT NAME

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.

<i>First Name</i> _____	<i>Middle Name</i> _____	<i>Last Name</i> _____	<i>Maiden Name(s) if applicable</i> _____
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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 _____
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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.	

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 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

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