Town of Fallsburg Summer Day Camp

Town of Fallsburg Summer Day Camp
In cooperation with the
Town of Wallkill Boys & Girls Clubs, Inc.

February 1, 2018

Dear Applicant,

Summer camp season is upon us and we have started to put together the staff for the Town of Fallsburg Summer Camp. Enclosed please find all of the application forms for our 2018 summer camp season.

This year our rain or shine summer program will begin on July 2, 2017 and run through August 10, 2018. Camp will be open Monday through Friday during this six week time period. All staff will be required to work the full six weeks of the camp season. If you have any questions regarding your employment dates please contact Barbi at 845-342-8833.

Please note that there are a few changes on this year's application; please be sure to fill in all portions of these forms accurately. Two big changes this year are that:

- 1) <u>All</u> paperwork that is required in this application must be completed <u>before</u> we will consider you for a position at the Town of Fallsburg Summer Camp. NO EXCEPTIONS!!
 - 2) The Due Date for all of your required paperwork is April 13, 2018.

efore returning this completed application, please check to be sure you included the following items with your application:
* A completed application (if under 18, application must be signed by parent or guardian).
* A copy of your working papers - If under 18.
* Completed conviction history statement.
* Completed background check consent form.
* Three signed references letters (not family; list reference contact information on application).
* All CPR and First Aid Certifications (if applicable).

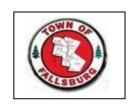
Please mail your completed application to the following address:

Town of Wallkill Boys & Girls Clubs, Inc.

Attn: TOF Summer Camp

P.O. Box 14, Circleville, NY 10919

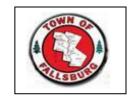




Town of Fallsburg Summer Day Camp

Name					
Last,	(Annlicente u	First,	io noront'o olanotura	M.I.	
	(Applicants u	naer 16 must nav	e parent's signature	?)	
Mailing Address		City_		State Zi _l	ρ
Contact Information: Home phone () _	 mail Address	-	one ()		
E	IIIaii Addiess				
ſ	Main Camp Sr. Co		in Camp Jr. Cou		
	Junior Camp Sr. C	ounselor Ju	nior Camp Jr. Co	ounselor	
How long have you lived	at your current add	Director ress?	Are you autho	rized to work in U	l.S.?
Emergency Contact: Na	ıme:		Relation:		
	phone ()		Cell phone (
'	(. (
Have you ever worked for	or the Town of Fallsh	ourg or The Boy	s & Girls Club?		
Education:	or the rown or rails.	dig of The Boy			
	Data - Attacadad	NI	0:1:- 0:-:-	I Palacet Issuel	In
School Type	Dates Attended	Name	City, State	Highest level Completed	Degree earne Field of study
High School					
College					
Vocational					
Other:					
Do you have a high scho	ool diploma?	Do you have a	GED?		
	eIssuir ertifications you have: /ou participate in:	ng agency uing agency ng agency	Date of C	Completion Completion ompletion	
Personal Statement: pleas	e tell us about yourself	and why you wa	ant to work at our ca	mp	





Town of Fallsburg Summer Day Camp

Have you ever been terminated from a job? Why?					
Employment History: May we contact your employers?					
Place	From – To	City, State	Phone/Contact	Job Title/duties	Reason for leaving
		,			<u>g</u>
Volunteering H	listory:				
Place	From – To	City, State	Phone/Contact	Job Title/duties	Reason for leaving
References: M	ay not be relative	es.			
Name	Relation	City, S	tate F	Phone Number	Time known
rianio	rtolation	Oity, C		Tiorio ridinibor	Timo kilowii
application. I u	Fown of Wallkill and Inderstand that any employment proces	misrepresentation	n or omission o authorization s	f fact may justify	termination of
Medical Release (if use permise emergency.	under 18) ssion for my child to rec	J		on in the event of a r	medical
General Consent (if a	under 18)				
I give permission for	my child to be transpor o be utilized in camp pu		ganized trips and s	pecial events. I also	authorize the use
Applicant's Si	gnature			Date	e
Parent's Signa (If Applicant is Und	ature ler 18)			Dat	e



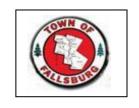


Town of Fallsburg Summer Day Camp

PERSONAL REFERENCE FORM

Applicant:	Position:
Reference Name:	Phone Number:
	icant?
Nature of relationship?	
Have you observed the applicant pr	roviding care for young children? Yes No
Describe the applicant's relationship	o with children.
Would you place your child in the a	pplicant's care? Yes No
-	applicant should not be working with children? Please
Using the following scale: (1) Exceller ability to: cooperate with others dependability communicate effectively appropriately disciplines childred provide a safe and nurturing effectively	
Other comments:	
Name of person completing the form	m:
Date:	





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Would you place your child in the ap	plicant's care? Yes No
	applicant should not be working with children? Please
Using the following scale: (1) Excelle ability to: cooperate with others dependability communicate effectively appropriately disciplines childred provide a safe and nurturing er	nt, (2) Good, (3) Poor, (4) Unknown- describe applicant's en nvironment
Other comments:	
Name of person completing the form	i:
Date:	





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Other comments:	
Name of person completing the form	m:
Date:	





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Employee Criminal History Review STATEMENT OF CONVICTIONS

All employees must complete this form.

A crime is a misdemeanor or felony. This does not include violations such as traffic infractions and trespassing. Please Print.

trespassing. Please	Print.			
Applicant's Name:	First	Middle	Last	Maiden
Social Security Nun	nber	Date of Birth _		City of Birth
Address				
knowledge and belic jurisdiction. If I ha the crime for which space below. In add should be allowed to	section 390-b(1)(a) of ef, I have I ve been convicted of a I was convicted, the dition, I will provide we have contact with class.	a crime, I will provide tr date of conviction and a written justification on t	of a crime rue and acc ny other re he back of conviction	in New York State or other curate information concerning elevant information in the this sheet, explaining why I in I am aware that this will be
Record of all convic	etions:			
Complete the infornarraignment.	nation below and sub	omit with record of convi	iction or ce	ertification of court
TYPE OF CRIME Example:	Penal Code Section	Date of Convict	tion Cou	nty or Court of Arraignment
Disorderly conduct	240.20	3/17/1976	Alba	ny
failure to truthfully truthful and accura denial of employme	and accurately state te information conce nt. r you to investigate n	whether I have been con	nvicted of a nay constit	curate. I understand that my a crime and/or to provide ute grounds for dismissal or ry and to contact my
Employee Signature	e :		Date/	'





Town of Fallsburg Summer Day Camp

Background Check Consent Statement

This Background Check Consent Statement documents your consent for the Town of Wallkill Boys & Girls Club to obtain a background check from a consumer reporting agency consisting of a criminal history check and a sex offender registry check to be used solely for the purposes described below. Town of Wallkill Boys & Girls Club requires a background check for the following individuals: 1) new employees in any position; 2) any employee, student, or volunteer affiliated with Town of Wallkill Boys & Girls Club who will be working with or in programs involving children. I understand that an offer of employment from Town of Wallkill Boys & Girls Club for any position, or my ability to participate in any program involving children as an employee, is contingent on the receipt and evaluation of the background check report. In order to facilitate the required background check, I will provide the Town of Wallkill Boys & Girls Club my social security number and date of birth. Failure to provide consent or the required information will result in the withdrawal of any offer of employment, or as applicable, in the immediate termination of my participation as an employee, in any program involving children. Following my initial hire in any position with the Town of Wallkill Boys & Girls Club, or as applicable, the receipt of the first acceptable background check report that supports my participation in any program involving children, the employer may obtain follow-up background check reports at any time during the course of my employment; in any position, or as applicable, participation as an employee, in any program involving children. This consent will apply throughout my employment in any position at Town of Wallkill Boys & Girls Club or during my participation as an employee, in any program involving children to the extent permitted by law unless I specifically revoke this consent in writing. Revocation of this consent shall constitute a "for cause" basis for the immediate termination of my employment in any position with Town of Wallkill Boys & Girls Club, or the immediate termination of my participation as an employee, with any program involving children. I have carefully read and understand this Background Check Consent Statement and, by my signature below, consent to the release of criminal and sex offender registry reports to Town of Wallkill Boys & Girls Club within the terms of this statement. This Background Check Consent Statement in original, faxed, photocopied, or electronic form will be valid for any such reports that Town of Wallkill Boys & Girls Club may request.

Print Name (First)	(Middle)	(Last)
Date of Birth		Social Security Number
Address		
City, State, Zip		
Telephone		
Signature		 Date



