#### **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, 2017

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 2017 summer camp season.

This year our rain or shine summer program will begin on July 3, 2017 and run through August 11, 2017. 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 14, 2017.

Before 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,	(Annlicants un	First,	ve parent's signature	M.I.	
	(Applicants un	uer ro must na	ve parent s signature	<del>5</del> )	
Mailing Address		City_		State Zi	p
Contact Information: Home phone () _		Cell ph	one ()		
E	mail Address				
Ŋ	Posit Main Camp Sr. Cou	ion Desired nselor Ma		nselor	
Junior Camp Sr. Coun	selor Junior Camp	Jr. Counsel	or		
		Director			
How long have you lived	at your current addre		Are you autho	rized to work in U	J.S.?
Emergency Contact: Na	ıme:		Relation:		
Home <sub>I</sub>	phone ()		Cell phone (	)	
Have you ever worked for Education:	or the Town of Fallsb	urg or The Boy	ys & Girls Club?		
School Type	Dates Attended	Name	City, State	Highest level Completed	Degree earne Field of stud
High School				-	
College					
Vocational					
Other:					
Do you have a high scho	ool diploma?	Do you have a	a GED?		
CPR Certification: type First Aid Certification: ty CFR/EMT Certification: typ List any other degrees or c Please list activities/clubs y Please list your skills/talent	elssuin ertifications you have: _ /ou participate in: /s:	g agency ing agency g agency	Date of C	Completion f Completion Completion	
Personal Statement: please	e tell us about yourself	and why you wa	ant to work at our ca	mp	
·					

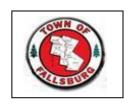




### **Town of Fallsburg Summer Day Camp**

Have you ever	been terminated	I from a job? _	Why?		
Employment H	istory: May we o	contact your er	mployers?		
Place	From – To	City, State	Phone/Contac	ct Job Title/duties	Reason for leavi
		- · <b>,</b> , - · · · · ·			
Volunteering H	istory:				
Place	From – To	City, State	Phone/Contac	ct Job Title/duties	Reason for leavi
References: Ma	ay not be relative	es.			
Name	Relation	City, S	State	Phone Number	Time known
1100		J., C			
			·		
application. I u	Fown of Wallkill and not not any employment proces	misrepresentation	on or omission of authorization	of fact may justify	termination of
Medical Release (if u		_			
I give permis emergency.	sion for my child to rec	eive medical treatm	ent and transporta	tion in the event of a i	medical
	under 18) my child to be transpor o be utilized in camp pu		ganized trips and	special events. I also	authorize the use
Applicant's Si	gnature			Dat	e
Parent's Signa (If Applicant is Und	ature er 18)			Dat	te



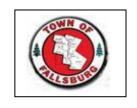


### **Town of Fallsburg Summer Day Camp**

PERSONAL REFERENCE FORM

Applicant:	Position:
Reference Name:	Phone Number:
	licant?
Nature of relationship?	
Have you observed the applicant p	providing care for young children? Yes No
Describe the applicant's relationsh	ip with children.
Would you place your child in the a	applicant's care? Yes No
•	e applicant should not be working with children? Please
Using the following scale: (1) Excel ability to: cooperate with others dependability communicate effectively appropriately disciplines child provide a safe and nurturing	
Other comments:	
Name of person completing the for	rm:
Date:	





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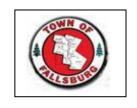


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Date:	





#### **Town of Fallsburg Summer Day Camp**

# **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. Trease	1 11116.			
Applicant's Name:	First	MiddleLa	st	Maiden
Social Security Nun	nber	Date of Birth	C	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 the set of the section 390-b(1)(a) of the section of the s	of the Social Services Law, I I have not been convicted of f a crime, I will provide true e date of conviction and any e written justification on the children regardless of my co on to be considered in the de	a crime in No and accurate other relevan back of this s onviction. I a	ew York State or other information concerning it information in the sheet, explaining why I maware that this will be
		ıbmit with record of convict	ion or certific	ation of court
TYPE OF CRIME	Penal Code Section	on Date of Conviction	n County or	Court of Arraignment
<b>Example:</b> Disorderly conduct	240.20	3/17/1976	Albany	
failure to truthfully truthful and accura denial of employme	and accurately stat te information conc nt. r you to investigate	nation provided above is tru se whether I have been convi- cerning the conviction(s) mag my personal and any crimin	cted of a crim y constitute gr	ne and/or to provide rounds for dismissal or
Employee Signature	e:	D	ate/	<i>_</i> /
			٦	





#### **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



