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

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

February 2019

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 2019 summer camp season.

This year our rain or shine summer program will begin on July 8, 2019 and run through August 16, 2019. 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:

### All 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!! The Due Date for all of usual required paperwork is April 12, 2010.

2) The <u>Due Date</u> for all of your required paperwork is <u>April 12, 2019</u>.

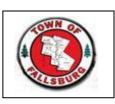
Before returning this completed application, please check to be sure you included the following items with your application:

- \* 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



BOYS & GIRLS CLUBS OF TOWN OF WALLKILL INC. Serving Northern Orange & Sullivan Countie



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

Name					
Last,		First,	<i></i>	M.I.	
	(Applicants u	inder 18 must ha	ve parent's signatur	e)	
Mailing Address		City_		State Zi	p
Contact Information:					
Home phone ()		Cell ph	ione ()		
E	Email Address				
	Pos Main Camp Sr. Co	ition Desired unselor Ma	,	nselor	
	Junior Camp Sr.	Counselor Ju	nior Camp Jr. Co	ounselor	
		Director			
How long have you live	d at your current add		Are you autho	orized to work in U	J.S.?
Emergency Contact: N	ame:		Relation:		
Home	phone ()		Cell phone (	)	
			• · ·	,	
Hove you ever worked	for the Town of Follo	hura or The Po	10 8 Cirlo Club?		
Have you ever worked t Education:					
School Type	Dates Attended	Name	City, State	Highest level Completed	Degree earned Field of study
High School					
College					
Vocational					
Other:					
Do you have a high sch	ool diploma?	Do you have a	a GED?		
	onal Certifications you	-		v of them to your ann	lication
	pe Issui				
		Date of Completion			
CFR/EMT Certification: ty	pe Issui	ng agency	Date of C	Completion	
List any other degrees or	certifications you have				
Please list activities/clubs Please list your skills/taler	you participate in: hts:				
Personal Statement: pleas					





#### **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

Volunteering History:

Place	From – To	City, State	Phone/Contact	Job Title/duties	Reason for leaving

References: May not be relatives.

Name	Relation	City, State	Phone Number	Time known

I authorize the Town of Wallkill and the Boys & Girls Club to verify the information contained in this application. I understand that any misrepresentation or omission of fact may justify termination of employment or employment process. A copy of this authorization shall have the same authority as the original.

#### Medical Release (if under 18)

I give permission for my child to receive medical treatment and transportation in the event of a medical emergency.

#### General Consent (if under 18)

I give permission for my child to be transported in the case of organized trips and special events. I also authorize the use of my child's image to be utilized in camp publications.

#### Applicant's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

(If Applicant is Under 18)





PO Box 14 Circleville, NY 10919 Phone: 845-342-8833 Fax: 845-342-8836 www.bgcorange.org

Date

Date

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

PERSONAL REFERENCE FORM

Applicant:	Position:
Reference Name:	Phone Number:
Nature of relationship?	
Have you observed the applicant providin	g care for young children? Yes No
Describe the applicant's relationship with	children
Would you place your child in the applicar	nt's care? Yes No
Explain your answer: Is there any reason to believe the applic explain:	cant should not be working with children? Please
ability to:	) Good, (3) Poor, (4) Unknown- describe applicant's
<pre> cooperate with others dependability</pre>	
communicate effectively	
appropriately disciplines children	amont
provide a safe and nurturing environ	linent
Other comments:	
Name of person completing the form:	
Date:	



BOYS & GIRLS CLUBS OF TOWN OF WALLKILL INC. Serving Northern Orange & Sullivan Countie



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

PERSONAL REFERENCE FORM

Applicant:	Position:
Reference Name:	Phone Number:
Address:	
How long have you known the applic	cant?
Nature of relationship?	
Have you observed the applicant pro	oviding care for young children? Yes No
Describe the applicant's relationship	with children.
Would you place your child in the ap	
Explain your answer: Is there any reason to believe the explain:	applicant should not be working with children? Please
Using the following scale: (1) Excelle ability to: cooperate with others dependability communicate effectively appropriately disciplines childre provide a safe and nurturing en	
Other comments:	
	ו:
Date:	



BOYS & GIRLS CLUBS OF TOWN OF WALLKILL INC. Serving Northern Orange & Sullivan Countie



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

PERSONAL REFERENCE FORM

Applicant: Position:				
Reference Name:	Phone Number:			
Nature of relationship?				
Have you observed the applicant providing	care for young children? Yes No			
Describe the applicant's relationship with ch	nildren			
Would you place your child in the applicant'				
Explain your answer: Is there any reason to believe the applica explain:	nt should not be working with children? Please			
Using the following scale: (1) Excellent, (2) ( ability to: cooperate with others dependability communicate effectively appropriately disciplines children provide a safe and nurturing environm	Good, (3) Poor, (4) Unknown- describe applicant's			
Other comments:				
Name of person completing the form:				
Date:				
	OWN O			



BOYS & GIRLS CLUBS OF TOWN OF WALLKILL INC. Serving Northern Orange & Sullivan Countie



#### **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.

Applicant's Name: First	Middle	Last	Maiden
Social Security Number	Date of Birth _		City of Birth

Address\_

**Conviction Statement:** 

In accordance with section 390-b(1)(a) of the Social Services Law, I certify that to the best of my knowledge and belief, \_\_\_\_\_ I have \_\_\_\_\_ I have not been convicted of a crime in New York State or other jurisdiction. If I have been convicted of a crime, I will provide true and accurate information concerning the crime for which I was convicted, the date of conviction and any other relevant information in the space below. In addition, I will provide written justification on the back of this sheet, explaining why I should be allowed to have contact with children regardless of my conviction. I am aware that this will be my only opportunity for this explanation to be considered in the decision to approve or deny my application.

**Record of all convictions:** 

Complete the information below and submit with record of conviction or certification of court arraignment.

TYPE OF CRIME	<b>Penal Code Section</b>	<b>Date of Conviction</b>	County or Court of Arraignment
Example: Disorderly conduct	240.20	3/17/1976	Albany

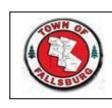
To the best of my knowledge the information provided above is true and accurate. I understand that my failure to truthfully and accurately state whether I have been convicted of a crime and/or to provide truthful and accurate information concerning the conviction(s) may constitute grounds for dismissal or denial of employment.

I give permission for you to investigate my personal and any criminal history and to contact my references for information.

Employee Signature:\_\_\_\_

Date\_\_\_/\_\_\_/

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#### **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)

Social Security Number

Date of Birth

Address

City, State, Zip

Telephone

Signature



Date

