

# GREAT SUMMERS START HERE.

## Town of Fallsburg Summer Day Camp

Town of Fallsburg Summer Day Camp

In cooperation with the

*Town of Wallkill Boys & Girls Clubs, Inc.*

February 2025

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 2025 summer camp season.

This year our rain or shine summer program will begin on July 7, 2025 and run through August 15, 2025. 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) **All paperwork that is required in this application must be completed before 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 25, 2025**.

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.**
- \_\_\_\_ \* **Three signed references letters (not family; list reference contact information on application).**
- \_\_\_\_ \* **All CPR and First Aid Certifications (if applicable).**

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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 Counties

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

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## Town of Fallsburg Summer Day Camp

Name \_\_\_\_\_  
Last, First, M.I.  
(Applicants under 18 must have parent's signature)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Information:  
Home phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Shirt Size \_\_\_\_\_

Email Address \_\_\_\_\_

Position Desired: (Please Circle)

Main Camp Sr. Counselor Main Camp Jr. Counselor

Junior Camp Sr. Counselor Junior Camp Jr. Counselor

Director

How long have you lived at your current address? \_\_\_\_\_ Are you authorized to work in U.S.? \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Have you ever worked for the Town of Fallsburg or The Boys & Girls Club? \_\_\_\_\_

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 school diploma? \_\_\_\_\_ Do you have a GED? \_\_\_\_\_

Check any additional Certifications you may have. Also, please attach a copy of them to your application.

CPR Certification: type \_\_\_\_\_ Issuing agency \_\_\_\_\_ Date of Completion \_\_\_\_\_

First Aid Certification: type \_\_\_\_\_ Issuing agency \_\_\_\_\_ Date of Completion \_\_\_\_\_

CFR/EMT Certification: type \_\_\_\_\_ Issuing agency \_\_\_\_\_ Date of Completion \_\_\_\_\_

List any other degrees or certifications you have: \_\_\_\_\_

Please list activities/clubs you participate in: \_\_\_\_\_

Please list your skills/talents: \_\_\_\_\_

Personal Statement: please tell us about yourself and why you want to work at our camp. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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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 Walkill 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** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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## Town of Fallsburg Summer Day Camp

### PERSONAL REFERENCE FORM

Applicant: \_\_\_\_\_ Position: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Nature of relationship? \_\_\_\_\_

Have you observed the applicant providing care for young children? Yes \_\_\_ No \_\_\_

Describe the applicant's relationship with children. \_\_\_\_\_

Would you place your child in the applicant's care? Yes \_\_\_ No \_\_\_

Explain your answer: \_\_\_\_\_

Is there any reason to believe the applicant should not be working with children? Please explain: \_\_\_\_\_

Using the following scale: (1) Excellent, (2) Good, (3) Poor, (4) Unknown- describe applicant's ability to:

- \_\_\_ cooperate with others
- \_\_\_ dependability
- \_\_\_ communicate effectively
- \_\_\_ appropriately disciplines children
- \_\_\_ provide a safe and nurturing environment

Other comments: \_\_\_\_\_

Name of person completing the form: \_\_\_\_\_

Date: \_\_\_\_\_



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