

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 2020

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:

- 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 10, 2020**.

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 Counties



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

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

Mailing Address _____ City _____ State _____ Zip _____

Contact Information:

Home phone (____) ____ - ____ Cell phone (____) ____ - ____

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 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 _____ **Date** _____

Parent's Signature _____ **Date** _____
(If Applicant is Under 18)



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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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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	Penal Code Section	Date of Conviction	County or Court of Arraignment
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Example:

Disorderly conduct	240.20	3/17/1976	Albany
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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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