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) <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 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

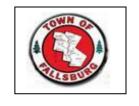




Town of Fallsburg Summer Day Camp

| 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 Zip | | | ρ |
| Contact Information: Home phone () _ | | Cell phone () | | | |
| E | maii Address | | | | |
| Γ | Main Camp Sr. Co | | in Camp Jr. Cou | | |
| | Junior Camp Sr. (| ounselor Ju | nior Camp Jr. Co | unselor | |
| How long have you lived | l at your current add | Director ress? | Are you autho | rized to work in U | .S.? |
| Emergency Contact: Na | ame: | | 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 or the boy | | | |
| | Data - Attanalad | NI | 0:1:- 0:-:- | I Pakant Inval | D |
| 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? | | |
| | eeIssui ertifications you have: you participate in: | ng agency uing agency ng agency | Date of C | Completion Completion ompletion | |
| Personal Statement: pleas | e tell us about yoursel | 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/Contac | Job Title/duties | Reason for leaving |
| | | - · y , - · · · · | | | <u> </u> |
| | | | | | |
| | | | | | |
| | | | | | |
| Volunteering H | listory: | | | | |
| Place | From – To | City, State | Phone/Contac | Job Title/duties | Reason for leaving |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| References: M | ay not be relative | es. | | | |
| Name | Relation | City, S | tate F | Phone Number | Time known |
| | | , | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| application. I u | Town of Wallkill and Inderstand that any employment proces | misrepresentation | on or omission of authorization s | f fact may justify | termination of |
| Medical Release (if use permise emergency. | under 18) ssion for my child to rec | • | | on in the event of a r | medical |
| General Consent (if 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 Signature Date | | | | | |
| Parent's Signa (If Applicant is Und | ature ler 18) | | | Dat | re |



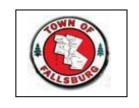


Town of Fallsburg Summer Day Camp

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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| Describe the applicant's relationship | with children. | | | |
| 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: | | | | |



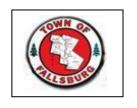


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| Other comments: | | | | |
| | | | | |
| | | | | |
| Name of person completing the form | m: | | | |
| Date: | | | | |





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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 | Middlel | 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 tl | of a crime rue and acc ny other ro he back of conviction | e in New York State or other curate information concerning elevant information in the this sheet, explaining why I n. 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 co | 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 | ecurate. I understand that my a crime and/or to provide cute grounds for dismissal or ry and to contact my |
| Employee Signature | e : | | Date | // |
| | | | | |



