

# Wyckoff Family YMCA Camp Wydaca EMPLOYMENT APPLICATION



Please fill out completely

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Application \_\_\_\_\_ Are you 18 years of age or older? \_\_\_\_ Yes \_\_\_\_ No

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dates Available \_\_\_\_\_

Have you worked at the Wyckoff YMCA before? \_\_\_\_ Yes \_\_\_\_ No

If yes, in what capacity? \_\_\_\_\_

Home Street \_\_\_\_\_ Home Town \_\_\_\_\_

Home State \_\_\_\_\_ Home Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_ @ \_\_\_\_\_

Secondary Street \_\_\_\_\_ Secondary Town \_\_\_\_\_

Secondary State \_\_\_\_\_ Secondary Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Last school year completed (as of June 2010) \_\_\_\_\_

### Emergency Contact Information

Emergency Contact #1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact #1 Phone \_\_\_\_\_ Emergency Contact #1 Phone \_\_\_\_\_

Emergency Contact #2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact #2 Phone \_\_\_\_\_ Emergency Contact #2 Phone \_\_\_\_\_

### Education

School	Major	Present Year or Degree Rec'd

### Camp Experience and Recent Employment (List most recent employment first)

Position	Dates	Camp/Business	Supervisor	Phone

### Certifications

Type	Organization	Expiration Date

2010 Camp Staff Application Supplement

Page 2

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes," describe in full.

\_\_\_\_\_

\_\_\_\_\_

Which gender and age group do you prefer to work with? Please rank in order of preference.

Girls _____	_____ 3 - 4 yrs (this age group is for Wee Campers ½ day program)
	_____ Kindergarten
Boys _____	_____ Grade 1 - 2
	_____ Grade 3-5
No Preference _____	_____ Grade 6 - 8

I am applying for the position of:

- \_\_\_\_\_ Jr. Counselor (Minimum age 15 and have completed YMCA LIT. Training **or** 16 yrs old by the start of camp)
- \_\_\_\_\_ Jr./Sr. Counselor (Must be 17 yrs old by the start of camp)
- \_\_\_\_\_ Sr. Counselor (Minimum age 18 yrs old by the start of camp)

**Physical Exam Required.** State law requires that campers and staff have a physical examination within a one-year period before their first day of camp/work. Verification of this physical is required.

**Staff Dress Code:** Staff will be issued two (2) camp shirts that should be worn with shorts. Sneakers are required. For safety reasons, jewelry, open toed shoes, sandals and flip flops are not permitted. Piercings are prohibited.

**VACATION/TIME OFF:** The Wyckoff Family YMCA will permit summer staff to take vacation time equivalent to one week (5 days) between June 28<sup>th</sup> and August 20<sup>th</sup> for a family vacation and/or school/sport related camp. Vacation must be requested prior to the start of camp.

VACATION DATES REQUESTED: \_\_\_\_\_

Staff workday begins at 8:15 am Monday through Friday. Camp day ends approximately 4:15 pm at the discretion of camp directors. Mandatory staff meetings will be periodically scheduled outside of the normal camp day.

.....

**COUNSELOR ORIENTATION**

Notification of orientation will be given at Counselor interviews.

.....

.....  
How would you describe yourself?

---

---

Have you worked with children before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please indicate the age groups you have experience working with:  
Pre-School (3-5 yrs)      Youth (grades 1-5)      Teens (grades 6&up)

Where did you gain this experience? \_\_\_\_\_

---

---

What personal experiences or training have you had to prepare you for this position?

---

---

---

How would you deal with a child's behavioral problem?

---

---

Have you ever been released from a position working with children? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, why?

---

---

Please tell us why you want to be part of our camp staff. Are you able to handle the long hours and the high energy level required?

---

---

What character qualities do you possess that would be particularly useful as a camp staff member?

---

---

By using the numbers below, please mark each activity according to your ability to lead children.

1 = Able to lead children

2 = Able to assist in leading  
Children

3 = No experience in this  
area

- Football
- Soccer
- Baseball
- Basketball
- Drama/Theatre
- Team Building  
Activities

- Nature Activities
- Storytelling
- Song Leading
- Swimming
- Arts/Crafts
- Leadership Skills

- Active Games
- Quiet Games
- Dance
- Discussion Groups
- Service Projects
- Outdoor Living Skills

Additional Skills

---

---

.....  
*I certify that the information in this application is complete and correct. I understand that my employment may be terminated at anytime if I violate YMCA Policy as per Code of Ethics.*

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

If applicant is under 18 years old, either a parent/guardian must sign below. Parental/guardian signature indicates application is made with full parental approval.

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

Relationship to applicant: \_\_\_\_\_

<b><u>Mail:</u></b> <b>Wyckoff Family YMCA</b> <b>691 Wyckoff Avenue</b> <b>Wyckoff, NJ 07481</b>	<b><u>Fax:</u></b> <b>201-891-3519</b>
--	---

# Wyckoff Family YMCA Camp Wydaca

## Reference Questionnaire

Applicant \_\_\_\_\_ Position Applied for \_\_\_\_\_

This person has given your name as a reference who could evaluate his/her past performance as well as potential for succeeding in this position. Please give careful consideration to the questions below. Your prompt attention to this questionnaire is much appreciated since we are unable to consider this applicant until we have received the required references. Should you prefer to contact us directly, please feel free to do so.

Camp Wydaca is seeking the most committed and capable applicants. Please provide an accurate description of the applicant's character and skills. Keep in mind that only the truly exceptional individual will rank highly in all categories.

1. How well is the applicant to direct and influence others along definitive lines of action?

Top 1%	Top 10%	Top 25%	Top 50%	Lower 50%

Example or Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How well does the applicant work as a member of a group?

Top 1%	Top 10%	Top 25%	Top 50%	Lower 50%

Example or Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How does the applicant react to suggestions or criticisms by others?

Top 1%	Top 10%	Top 25%	Top 50%	Lower 50%

Example or Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How well is applicant able to competently complete projects on his/her own?

Top 1%	Top 10%	Top 25%	Top 50%	Lower 50%

Example or Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference Questionnaire  
Page 2

5. How well does individual put his/her principles and convictions into action?

Top 1%	Top 10%	Top 25%	Top 50%	Lower 50%

Example or Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. How well does applicant control his/her emotions?

Top 1%	Top 10%	Top 25%	Top 50%	Lower 50%

Example or Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Narrative Report**

In what capacity have you known this individual? How long? \_\_\_\_\_  
\_\_\_\_\_

Why would you be willing to have your children under this individual's leadership during one of Camp's two week sessions? \_\_\_\_\_

What would you rate as this person's greatest assets to children in a camp program? \_\_\_\_\_  
\_\_\_\_\_

What are your reservations about this person's character or ability to work successfully with children and fellow staff? \_\_\_\_\_

May we call for further information if necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

**Please return this form to:**

**Wyckoff Family YMCA  
691 Wyckoff Ave  
Wyckoff, NJ 07481**

# Wyckoff Family YMCA Camp Wydaca

## Reference Questionnaire

Applicant \_\_\_\_\_ Position Applied for \_\_\_\_\_

This person has given your name as a reference who could evaluate his/her past performance as well as potential for succeeding in this position. Please give careful consideration to the questions below. Your prompt attention to this questionnaire is much appreciated since we are unable to consider this applicant until we have received the required references. Should you prefer to contact us directly, please feel free to do so.

Camp Wydaca is seeking the most committed and capable applicants. Please provide an accurate description of the applicant's character and skills. Keep in mind that only the truly exceptional individual will rank highly in all categories.

2. How well is the applicant to direct and influence others along definitive lines of action?

Top 1%	Top 10%	Top 25%	Top 50%	Lower 50%

Example or Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How well does the applicant work as a member of a group?

Top 1%	Top 10%	Top 25%	Top 50%	Lower 50%

Example or Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How does the applicant react to suggestions or criticisms by others?

Top 1%	Top 10%	Top 25%	Top 50%	Lower 50%

Example or Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How well is applicant able to competently complete projects on his/her own?

Top 1%	Top 10%	Top 25%	Top 50%	Lower 50%

Example or Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference Questionnaire  
Page 2

5. How well does individual put his/her principles and convictions into action?

Top 1%	Top 10%	Top 25%	Top 50%	Lower 50%

Example or Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. How well does applicant control his/her emotions?

Top 1%	Top 10%	Top 25%	Top 50%	Lower 50%

Example or Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Narrative Report**

In what capacity have you known this individual? How long? \_\_\_\_\_  
\_\_\_\_\_

Why would you be willing to have your children under this individual's leadership during one of Camp's two week sessions? \_\_\_\_\_

What would you rate as this person's greatest assets to children in a camp program? \_\_\_\_\_  
\_\_\_\_\_

What are your reservations about this person's character or ability to work successfully with children and fellow staff? \_\_\_\_\_

May we call for further information if necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

**Please return this form to:**

**Wyckoff Family YMCA  
691 Wyckoff Ave  
Wyckoff, NJ 07481**