



Please complete all forms in this packet and answer all questions. If you need additional information, contact the Director of Youth Development at: [kimc@auburnymca.net](mailto:kimc@auburnymca.net) or (315) 253-5304, ext.1005.

# APPLICATION PACKET

## CAMP Y-OWASCO

### AUBURN YMCA-WEIU

Return completed applications to:

**Kim Cuipylo, Director of Youth Development**  
**Auburn YMCA-WEIU**  
**27 William Street**  
**Auburn, New York 13021**

Additional forms can be found at the Auburn YMCA-WEIU front desk.

**PLEASE NOTE: THIS IS NOT THE COMPLETE APPLICATION.**  
**APPLICANTS MUST ALSO FILL OUT THE ATTACHED AUBURN YMCA GENERAL APPLICATION**

First and Last Name: \_\_\_\_\_

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

Camp Position Applying for (please check):

- Seasonal Camp Director
- Asst. Seasonal Camp Director
- Senior Counselor (must have completed high school)
- Junior Counselor (must have been a CIT)
- Leadership Director (must be at least 21 years old\*)
- Waterfront Director (must be at least 21 years old\*)
- Media Coordinator
- Maintenance Staff
- Medical Director (must be at least 21 years old\*)

\*Age requirements are in place for compliance with NYSDOH regulations.



**FOR YOUTH DEVELOPMENT**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

If applying for a counselor position, please rank the activities below from 1 to 3 based on your interest and ability to teach them. 1 = No experience, willing to learn; 2 = some experience, able to assist instruction; 3 = Lots of experience, able to teach.

- |             |                          |                      |                  |
|-------------|--------------------------|----------------------|------------------|
| __ Soccer   | __ Softball              | __ Volleyball        | __ Flag-Football |
| __ Lacrosse | __ Frisbee               | __ Archery           | __ Arts & Crafts |
| __ Sailing  | __ Canoeing              | __ Kayaking          | __ Nature        |
| __ Drama    | __ Dance                 | __ Swimming          | __ Fishing       |
| __ Riflery  | __ Outdoor Living Skills | __ Challenge Course. |                  |

Any other activities or skills that you'd be qualified to teach and facilitate: \_\_\_\_\_

Please rank the age groups you would like to work with on a scale of 1-5. 1 is lowest and 5 is highest.

- |          |          |            |            |            |
|----------|----------|------------|------------|------------|
| __ 6 – 7 | __ 8 – 9 | __ 10 – 11 | __ 12 – 13 | __ 14 – 15 |
|----------|----------|------------|------------|------------|

What is your swimming ability? (Circle one)

- |             |              |      |           |
|-------------|--------------|------|-----------|
| Non-swimmer | Intermediate | Good | Excellent |
|-------------|--------------|------|-----------|

Have you had any previous group leadership experience (i.e. camp, scouts, clubs, etc)? If yes:

Name of organization \_\_\_\_\_ Position held: \_\_\_\_\_

Date (s) \_\_\_\_\_

Name of organization \_\_\_\_\_ Position held: \_\_\_\_\_

Date (s) \_\_\_\_\_

Name of organization \_\_\_\_\_ Position held: \_\_\_\_\_

Date (s) \_\_\_\_\_

Do you have any certifications that might be useful for a camp position\*?

\_\_ CPR (Level: \_\_\_\_\_) Expiration date \_\_\_\_\_

\_\_ Lifeguarding (Cert. Org: \_\_\_\_\_) Expiration date \_\_\_\_\_

\_\_ Progressive Swim Instructor Expiration date \_\_\_\_\_

\_\_ First Aid (Level: \_\_\_\_\_) Expiration date \_\_\_\_\_

\_\_ NYS Hunter Safety Course

\_\_ NYS Fishing License Expiration Date \_\_\_\_\_

\_\_ Other \_\_\_\_\_

\*Please attach a copy of your certification card for any certification documents you may have.

**Please answer the following questions thoughtfully.**

Feel free to use the back or attach additional paper as necessary!

1.) Why do you want to work at Camp Y-Owasco this summer? What do you hope to gain from the experience?

2.) What makes you a positive role model?

3.) How do you apply the values of caring, honesty, respect, and responsibility in your everyday life? *Please provide at least one example.*

4.) Please name some of your hobbies and interests.

5.) Are you willing and able to live on camp for the duration of the summer season (Staff training + 8 or 9 weeks)?

**State any additional information you feel may be helpful to us in considering your application:**





# Auburn YMCA-WEIU Application for Employment

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

We appreciate your interest in our organization and are sincerely interested in your background and qualifications. Please answer all questions as thoroughly as possible so we may review this information in consideration of employment within our organization. We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

## PERSONAL

Date \_\_\_\_\_

Name \_\_\_\_\_ Email Address \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
# Street City State ZIP

Are you legally eligible for employment in the U.S.A.?  Yes  No Are you 18 years or older?  Yes  No

Position(s) applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ / wk.

Are you employed now?  Yes  No If so, may we inquire of your present employer?  Yes  No

Would you work  full-time or  part-time? Specify days and hours available if part-time: \_\_\_\_\_

Were you previously employed by us?  Yes  No If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Have you had any criminal convictions?  Yes  No A "Yes" answer will not necessarily disqualify you from consideration.

What qualifications (experience, training, education) do you have that qualifies you for the above position \_\_\_\_\_

### Americans with Disabilities Act Clarification

With or without reasonable accommodation, can you perform the essential job functions for the position you have applied for?  Yes  No

## EDUCATION

School	Name and Address Of School	Course of Study	Check Last Year Completed				Did you Graduate?	List Diploma, Degree or Subjects Studied
			5	6	7	8		
Elementary								
Location						<input type="checkbox"/> Yes <input type="checkbox"/> No		
High School								
Location						<input type="checkbox"/> Yes <input type="checkbox"/> No		
College								
Location						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (specify)								
Location						<input type="checkbox"/> Yes <input type="checkbox"/> No		

## MILITARY SERVICE

Branch: \_\_\_\_\_ Years served: \_\_\_\_\_ Rank: \_\_\_\_\_

## EMPLOYMENT HISTORY

**Begin with your present or last job.** Include any military service and volunteer activities.

(Exclude groups which indicate race, color, religion, sex, age, national origin or other protected group.)

<b>Employer 1</b>	Dates Employed	Job Duties
Address	From: _____	Reason for leaving
Job Title	To: _____	
Immediate Supervisor <span style="float: right;">Phone #</span>		
<b>Employer 2</b>	Dates Employed	Job Duties
Address	From: _____	Reason for leaving
Job Title	To: _____	
Immediate Supervisor <span style="float: right;">Phone #</span>		
<b>Employer 3</b>	Dates Employed	Job Duties
Address	From: _____	Reason for leaving
Job Title	To: _____	
Immediate Supervisor <span style="float: right;">Phone #</span>		
<b>Employer 4</b>	Dates Employed	Job Duties
Address	From: _____	Reason for leaving
Job Title	To: _____	
Immediate Supervisor <span style="float: right;">Phone #</span>		

### PLEASE READ AND SIGN BELOW

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL MY STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

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

### **CONVICTION RECORD INFORMATION**

If you answered YES to the criminal conviction question on page 1 and have been convicted of a felony or misdemeanor, please list the specific nature and details of the offense(s), date(s), court location, sentencing information, rehabilitation completed, and disposition of sentence.

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

*Please note: A conviction record will not necessarily disqualify you for employment. Factors such as the seriousness and nature of the violation and rehabilitation will be considered.*