

CAMP HAZEN YMCA

SUMMER 2017

ASSISTANT COUNSELOR APPLICATION FORM



Staff Name:

Home Address:

Home #:

Cell #:

E-mail:

All Assistant Counselors are required to attend AC Orientation. Orientation for Assistant Counselors will begin on Wednesday June 21st check in at 9am. There will also be a training weekend on May 20th –21st for Skill Verifications. You can choose either the first half of the summer, or the second half to work. Rank your choices. If you are available for either, you can rank them both '#1'. If you are unable to work one of the options, select 'unavailable'.

ASSISTANT COUNSELOR SKILLS WEEKEND: 9am Saturday, May 20th – 3pm Sunday, May 21st

ASSISTANT COUNSELOR ORIENTAITON: 9am Wednesday, June 21st – 9am Sunday, June 25th

(If you're still in School – contact Kath)

Resident Camp Sessions A & B

Skills Weekend: 9am May 20th – 3pm May 21st

Orientation: 9am June 21st – 9am June 25th

Dates: June 25th – July 21st

Please choose availability:

Resident Camp Sessions C & D

Skills Weekend: 9am May 20th – 3pm May 21st

Orientation: 9am June 21st – 9am June 25th

Dates: July 23rd – August 18th

Please choose availability:

Some AC's may be invited back to work Sampler 3 as a Counselor, if registrations are up.
The dates of that are August 20th – 25th

Please use the next page to write me a letter to explain why you feel should be offered a position as an Assistant Counselor next summer. You could include; why you want to return to Hazen, what you think are some of the difference between being a LEA and an AC, how Hazen would be better with you on Staff any other information you think would be relevant to your application.

Please rank the Program areas from 1-4 (1 being your top, 4 being your lowest). Tell us briefly what skills and experience that you have for each Program Area

Creative Arts: RANK

Land Sports: RANK

Outdoor Pursuits: RANK

Water Sports: RANK

Please list three references below:

Reference I	Reference II	Reference III
Name:	Name:	Name:
Relationship to Participant:	Relationship to Participant:	Relationship to Participant:
Phone:	Phone:	Phone:
Email:	Email:	Email:

Please read and sign the following statement:

I certify that the information provided on this and previous applications and any resume submitted is true and complete and that I have not knowingly withheld and information which might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application will be cause for rejection of this application or dismissal after employment.

I authorize investigation of all statements herein and release Camp Hazen YMCA, its employees, agents or assigns, from liability in connection with the need to verify the truth of what I have said. I understand that Camp Hazen YMCA is entrusted with the care of children, and as such has an interest in making sure I am qualified and suitable for the position for which I am applying. To do this, Camp Hazen YMCA may wish to contact my former employers, educational instructors, and references as indicated in this or previous applications to inquire about my past records and characteristics as they may be related to my possible employment by the Camp. I authorize the Camp to speak to these individuals and organizations. Likewise, I authorize any former employer, educational instructor or reference contacted to furnish Camp Hazen YMCA with the needed information. Any information provided should be kept in strict confidence by the Camp.

I understand that if employed, I will be at at-will employee and that any agreement to the contrary must be in writing and signed by the designated camp official.

Applicants Signature: _____

Date: _____

Parents Signature: _____

Date: _____

(Please sign if applicant is under 18 years of age)

DEADLINE: December 1st

Thanks! We'll be in touch.