



We build strong kids, strong families, strong communities.

# LONG ISLAND YMCA SUMMER CAMP EMPLOYMENT APPLICATION 2010

**(PLEASE PRINT CLEARLY)**

<b>Name:</b>		<b>Branch</b>	<b>Date:</b>
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>S.S.#</b>			
<b>Home Phone:</b>		<b>Cell Phone:</b>	
<b>E-mail:</b>		<b>Best Time To Call:</b>	
<b>High School:</b>	<b>Current Grade:</b>	<b>Graduation Date:</b>	
<b>University:</b>	<b>Major:</b>	<b>Graduation Date:</b>	
<b>Emergency Contact:</b>	<b>Emergency #:</b>	<b>Relationship:</b>	

Are you 18 years of age or over: Yes No If not, please state your age: \_\_\_\_\_

Are you available to work the entire summer (June 28<sup>th</sup> – August 27<sup>th</sup>): Yes No

If not, what dates are you available?: \_\_\_\_\_

**Tell us about yourself**

<b>1.) How would your last employer/teacher describe you in one word?</b> _____	
<b>2.) Do you have any previous experience working at a camp? Y <input type="checkbox"/> or N <input type="checkbox"/> If yes, where did you work and why are you choosing not to work there this summer:</b> _____ _____	
<b>3.) Please describe any awards or special recognition that you have received at work, school, or as a volunteer:</b> _____	
<b>5.) List any hobbies, skills or special interests you might like to share at camp.:</b> _____ _____	

6.) Please list any certifications you have such as CPR, lifeguard, first aid, ropes course, etc.

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7.) Please tell us why you want to work as a camp counselor with children.

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8.) Please describe a volunteering experience that you've had while at work or school that you are especially proud of.

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9.)  
 a.) A strength I have is: \_\_\_\_\_  
 b.) An area I need to improve in is: \_\_\_\_\_

10. Please list three personal references over 18 yrs of age who are not related to you.

Name	Address	Occupation	Years known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Please list your last three employers (if any)

Name	Company	Work dates to/from	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand and agree to the following.

- I am responsible to attend all mandatory staff trainings before and during the summer camp session.
- All information on this application is true and accurate.
- My performance will be evaluated on a regular basis by the Camp Director(s).

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent or Guardian Signature (if under 18)

\_\_\_\_\_  
 Date

PLEASE MAIL OR FAX APPLICATIONS TO YOUR LOCATION OF INTEREST:

BROOKHAVEN  
 155 BUCKLEY RD.  
 HOLTSVILLE, NY 11742  
 (631) 289-4451

EAST HAMPTON  
 2 GINGERBREAD LN.  
 E. HAMPTON, NY 11937  
 (631) 329-24789

GLEN COVE  
 125 DOSORIS LN.  
 GLEN COVE, NY 11542  
 (516) 671-8275

GREAT SOUTH BAY  
 200 WEST MAIN ST.  
 BAY SHORE, NY 11706  
 (631) 665-4261

HUNTINGTON  
 60 MAIN ST.  
 HUNTINGTON, NY 11743  
 (631) 665-4261