

Thank you for your interest in applying for a position with the

## **Town of Crawford Summer Camp!**

The application form process begins on the next page.

Please review the following:

### **Instructions & Information for Applicants**

- The Town of Crawford hosts a FIVE-week camp season.
  - Camp is hosted weekdays at: Town of Crawford Park, Red Mills Road, Pine Bush, NY 12566
  - CAMP DATES : Weekdays Monday July 1 – Friday August 2 **Camp is Closed Thursday, July 4**
  - WORK HOURS ARE: 8:30 a.m. **SHARP** – 3:15 p.m. DAILY
  - Summer Camp Staff should be available the entire five-week camp session with the exception of Thursday, July 4.
  - **Please confirm** that you will be available to work during the entire five-week period prior to beginning this application process.  
(*TWO-DAY exceptions may be made for College Orientations with prior permission from Camp Administration*)
  - **All immunization records must be submitted with application to be considered**
    - Hired Staff are REQUIRED to attend a paid, one-hour Training Session which is conducted the Tuesday prior to camp start date. (Late Afternoon)
    - All applicants, even those previously employed must complete this application in order to be considered for a position at the Town of Crawford Summer Camp.
    - Applicant must be 16 years of age or older as of the camp start date.
    - Staff must have working papers and reliable transportation
    - CELL PHONES/Smart Devices should NOT be used-or-checked at any time while overseeing campers. There is a Camp Phone onsite for any emergency calls in-or-out.
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### **ADDITIONAL DOCUMENTATION REQUIRED**

The following must be submitted with COMPLETED application form.

- A copy of your working papers (If under 18 years of age)
- Copy of current Photo I.D.
- Three SEALED reference letters ( must be employer, or teacher or supervisor)
- *Optional: Copies of relevant certifications which will remain **CURRENT** through camp dates*  
(Ex: R.T.E., CFR, EMT, Lifeguard)

**- KEEP THIS PAGE FOR YOUR REFERENCE -**



**Town of Crawford**  
121 State Route 302  
Pine Bush, N.Y. 12566

# *2024 Summer Camp-Counselor Staff Application*

## **CONTACT INFORMATION:**

Name: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

Do you reside in the Town of Crawford? Y \_\_\_\_\_ N \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell \_\_\_\_\_

Relationship: \_\_\_\_\_

Have you been employed by the Town of Crawford previously? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is there an age group of children that you prefer to work with? \_\_\_\_\_

Do you have experience working or volunteering with youth? Please explain on line below.

\_\_\_\_\_

This is a five-week camp season that consists of 24 work days. Do you foresee having to miss any days of work during the camp season? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Must be 16+ As of first day of camp DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Mo Day Year

**Tee Shirt, Adult Size** Check one:

Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XL large \_\_\_\_\_ XXL \_\_\_\_\_ XXXL \_\_\_\_\_



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*Summer Camp-Counselor Staff Application*

**Education:**

School Type	Dates Attended	Name	City, State	Highest level Completed	Degree earned Field of study
High School					
College					
Vocational					
Other:					

Do you have a high school diploma/ GED ? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, what month/year are you due to graduate? \_\_\_\_\_

**OTHER:** List any other current relevant trainings, degrees or certifications:

\_\_\_\_\_

Please list any of the following: clubs, hobbies, skills, talents, interests:

\_\_\_\_\_  
\_\_\_\_\_

**Personal Statement:** Please tell us about yourself and why you want to work at our camp:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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***Summer Camp-Counselor Staff Application***

**Employment History:**

Dates From – To	Company/ Business	Address City, State	Contact Name / Phone Number	Job Title/Duties	Currently employed -OR- Reason for leaving

May we contact your employers? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been terminated from a job? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, why? \_\_\_\_\_

**Volunteering History:**

Dates From – To	Group or Organization	Place: Address City, State	Contact Name / Phone Number	Job Title/duties



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**THREE REFERENCE-LETTERS ARE REQUIRED**

References should be written by adults only.

Examples may include: Past Employer, Teacher, Guidance, Coach, Advisor, Mentor

**NO friends /family please.**

Applications without reference-letters attached will not be considered.

Please complete the following information for the three ATTACHED references:

Name of References on the Letter	Relationship	Length of time known
1.		
2.		
3.		

**Medical Consent**

**If applicant is 18 years of age or OLDER:**

I give permission to receive medical treatment and transportation in the event of a medical emergency.

I give permission to be transported in the case of organized trips and special events.

I give permission for my image to be used for marketing purposes or in publications.

APPLICANT NAME (PRINT) \_\_\_\_\_ Age \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**IF APPLICANT IS UNDER 18 YEARS OF AGE AT TIME OF COMPLETING THIS FORM:**

I give permission for my child to receive medical treatment and transportation in the event of a medical emergency.

I give permission for my child to be transported in the case of organized trips and special events.

I give permission for my child's image to be used for marketing purposes or in publications.

Parent / Legal Guardian Name (PRINT) \_\_\_\_\_

Parent / Legal Guardian Name: Signature \_\_\_\_\_ Date \_\_\_\_\_



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***Summer Camp-Counselor Staff Application***

**Authorization:**

I authorize the Town of Crawford to verify the information contained in this application. I understand that the Town of Crawford will conduct a background check through the NYS DCJS. I understand that any misrepresentation or omission of fact may justify termination of employment or employment process. A copy of this authorization shall have the same authority as the original. I authorize the Town of Crawford staff to take photographs that may be used for the purpose of camp newsletters and or other publications.

Applicant Name (PRINT) \_\_\_\_\_

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

**\*IF APPLICANT IS UNDER 18 YEARS OF AGE AT TIME OF COMPLETING THIS FORM, also MUST include:**

Parent / Legal Guardian Name (PRINT) \_\_\_\_\_

Parent / Legal Guardian Name: Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Waiver:**

I acknowledge that by signing this document, I am releasing the Town of Crawford their officials, staff and volunteers from liability. This release form has legal consequences. I have read it carefully before signing. In consideration the opportunity to become employed by the Town of Crawford, I/WE HEREBY RELEASE, DISCHARGE, HOLD HARMLESS, PROMISE NOT TO SUE, SHALL DEFEND AND INDEMNIFY, the Town of Crawford, their officials, staff and volunteers, from any and all rights and claims including arising from the negligence of the released parties, which may be directly or indirectly in connection to my participation/employment with the Town of Crawford. The undersigned agrees that the remainder of this release and indemnity shall remain in full force and effect.

Applicant Name (PRINT) \_\_\_\_\_

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

**IF APPLICANT IS UNDER 18 YEARS OF AGE AT TIME OF COMPLETING THIS FORM, also MUST include:**

Parent / Legal Guardian Name (PRINT) \_\_\_\_\_

Parent / Legal Guardian Name: Signature \_\_\_\_\_ Date \_\_\_\_\_



**Town of Crawford**  
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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.

**Applicant's Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Maiden \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **City of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**Conviction Statement:**

In accordance with section 390-b(1)(a) of the Social Services Law, I certify that to the best of my knowledge and belief,  
(Check One) \_\_\_\_\_ I have\* \_\_\_\_\_ I have not  
been convicted of a crime in New York State or other jurisdiction. If I have been convicted of a crime, I will provide true  
and accurate information concerning the crime for which I was convicted, the date of conviction and any other relevant  
information in the space below. In addition, I will provide written justification on the back of this sheet, explaining why I  
should be allowed to have contact with children regardless of my conviction. I am aware that this will be my only  
opportunity for this explanation to be considered in the decision to approve or deny my application.

\*Record of all convictions:

Complete the information below and submit with record of conviction or certification of court arraignment.

TYPE OF CRIME	Penal Code Section	Date of Conviction	County or Court of Arraignment
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*Example:*

<i>Disorderly conduct</i>	<i>240.20</i>	<i>3/17/1976</i>	<i>Albany</i>
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To the best of my knowledge the information provided above is true and accurate. I understand that my failure to  
truthfully and accurately state whether I have been convicted of a crime and/or to provide truthful and accurate  
information concerning the conviction(s) may constitute grounds for dismissal or denial of employment.  
I give permission to The Town of Crawford to investigate my personal and any criminal history and to contact my  
references for information.

**Applicant/ Employee Name (PRINT) :** \_\_\_\_\_

**Applicant/ Employee Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**If under 18 years of age, also include:**

**Parent / Guardian Signature**

**Date**

## **SUMMARY**

Please be sure that you have included the following with your submission:

- COMPLETED Application: **Pages 1 - 6**
- A copy of working papers (If under 18 years of age)
- Copy of current Photo I.D.
- Copy of immunization records
- Three SEALED references as per instructions in application.
- *OPTIONAL: Copies of certifications which will remain CURRENT through camp season*  
(Ex: RTE, CFR, EMT, Lifeguard)

## **HOW TO SUBMIT:**

Mail or Deliver (to Town Clerk's Office):

**Town of Crawford  
121 State Route 302,  
Pine Bush, N.Y. 12566**

**Attn: Community Services Youth Division / SUMMER CAMP-STAFF APPLICATION**

Calls to schedule interviews will follow.

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***Emailed/FAXED Applications will NOT be considered***

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