



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

**2017 Summer Camp Counselor Staff Application**

Monday, June 26 – Friday July 28  
**Camp Closed: July 4**

**HOURS: 8:30 am – 1:15 pm DAILY**

**This is a FIVE week camp. Staff members are required to attend work every day.**

Applicants must be available every day for the five week camp session  
(2 day exceptions for out- of- town College Orientations)

All applicants, even those previously employed must complete with 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. Before submitting this COMPLETED application, please check to be sure that you have included the following items :

- \_\_\_\_\_ **A copy of your working papers (If under 18 years of age)**
- \_\_\_\_\_ **Copy of current Photo I.D.**
- \_\_\_\_\_ **Three SEALED references letters** (OPTIONAL for staff employed at Camp the previous summer season.)
- \_\_\_\_\_ **Copies of any certifications which will remain CURRENT through camp dates**  
(examples: CPR, First Aid, R.T.E., CFR, EMT, Lifeguard)

**Mail or return completed application and attachments to:**

Town of Crawford  
121 State Route 302,  
Pine Bush, N.Y. 12566  
Attn: D. Ragni; SUMMER CAMP APPLICATION

**-DO NOT EMAIL APPLICATIONS-**

If hired:

1. You will be required to submit additional paperwork: (W-4 & I-9). The Town of Crawford can supply forms.
2. You are **REQUIRED** to ATTEND a one hour, paid 'Counselor Orientation' or 'Refresher Training' Dates t/b/d

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**CURRENT CONTACT INFORMATION: PLEASE PRINT CLEARLY:**

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

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

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

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

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

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

Town of Crawford Summer Camp

**Staff Application**

Name \_\_\_\_\_  
Last, First, Middle

**Must be 16+**  
As of first day of camp

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Year

Tee Shirt, Adult Size Check one: small \_\_\_\_\_ medium \_\_\_\_\_ large \_\_\_\_\_ X large \_\_\_\_\_ XX large \_\_\_\_\_

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

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 would prefer to work with?  
\_\_\_\_\_

Do you foresee having to miss any days of work during eh 2016 camp season? Y \_\_\_\_\_ N \_\_\_\_\_

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

**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?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Do you have a GED?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, what month/year are you due to graduate? \_\_\_\_\_

**Do you have any of the following certifications?**

**! IF YES, ATTACH COPIES OF CERTIFICATIONS WHICH REMAIN CURRENT THROUGH CAMP DATES**

CPR: type \_\_\_\_\_ Issuing agency \_\_\_\_\_ Date of Completion \_\_\_\_\_  
 First Aid: type \_\_\_\_\_ Issuing agency \_\_\_\_\_ Date of Completion \_\_\_\_\_  
 R.T.E.: type \_\_\_\_\_ Issuing agency \_\_\_\_\_ Date of Completion \_\_\_\_\_  
 CFR/EMT: type \_\_\_\_\_ Issuing agency \_\_\_\_\_ Date of Completion \_\_\_\_\_  
 Lifeguard: type \_\_\_\_\_ Issuing agency \_\_\_\_\_ Date of Completion \_\_\_\_\_

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

Please list activities/clubs, skills/talents/interests:  
\_\_\_\_\_

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

Town of Crawford Summer Camp  
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**Please list any allergies :** \_\_\_\_\_

**-OR- Check : No known allergies** \_\_\_\_\_

**Please list any other medical concerns: Please attach additional page if necessary.**

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

**Employment History:** May we contact you employers? Yes \_\_\_\_ No \_\_\_\_

| Dates<br>From – To | Company/<br>Business | Address<br>State | City, | Contact Name /<br>Phone Number | Job Title/duties | Reason for<br>leaving |
|--------------------|----------------------|------------------|-------|--------------------------------|------------------|-----------------------|
|                    |                      |                  |       |                                |                  |                       |
|                    |                      |                  |       |                                |                  |                       |
|                    |                      |                  |       |                                |                  |                       |

**Volunteering History:**

| Dates<br>From – To | Group Name | Place: Address<br>City, State | Contact Name /<br>Phone Number | Job Title/duties | Reason for<br>leaving |
|--------------------|------------|-------------------------------|--------------------------------|------------------|-----------------------|
|                    |            |                               |                                |                  |                       |
|                    |            |                               |                                |                  |                       |

**REFERENCES: MANDATORY IF NOT EMPLOYED AT THE CAMP DURING THE LAST 12 MONTHS**

**ATTACH THREE SEALED REFERENCE letters.**

**References should be written by adults only.**

Examples may include: Past Employer, Teacher, Guidance, Coach, Advisor, Mentor, Program Leader. NO friends /family Applications ( for new potential employees) without reference letters attached will not be considered.

| Name of References<br>on the Attached Letters | Relationship | Reference's<br>phone number<br>or email address | Length of time known |
|---|--------------|---|----------------------|
| 1.  |              |   |                      |
| 2.  |              |   |                      |
| 3.  |              |   |                      |

Town of Crawford Summer Camp  
**Staff Application**

**MEDICAL RELEASE/ IMAGE 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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**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.

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

Applicant Signature: \_\_\_\_\_ Age\*: \_\_\_\_\_ 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: \_\_\_\_\_ Age\*: \_\_\_\_\_ 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 \_\_\_\_\_

