



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

2018 Summer Camp Counselor Staff Application

Monday, June 25 – Friday July 27
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). The Town of Crawford can supply this form.
2. You are REQUIRED to ATTEND a one hour, paid 'Counselor Orientation' or 'Refresher Training'

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 the 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
Staff Application

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 From – To	Company/ Business	Address State	City,	Contact Name / Phone Number	Job Title/duties	Reason for leaving

Volunteering History:

Dates From – To	Group Name	Place: Address City, State	Contact Name / Phone Number	Job Title/duties	Reason for 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 on the Attached Letters	Relationship	Reference's phone number 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 _____

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 _____

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 _____

Town of Crawford Summer Camp
Staff Application

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

Example:

Disorderly conduct

240.20

3/17/1976

Albany

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: _____ Age* _____ Date _____

*If under 18 years of age, also include:

Parent / Guardian Signature

Date