



SALEM FAMILY YMCA OF MARION AND POLK COUNTIES

YMCA Camp Silver Creek & YMCA Camp Greider

CAMP APPLICATION

Name: _____ Phone Number: _____

Address: _____ Email: _____

If you are a returning applicant (worked at camp in 2016):

Camp Name: _____ Position Held: _____ Sessions Worked: _____

Please indicate which positions you are applying for. Please rank your preferences (1 as first choice, 2 as second, etc.).

You may apply for as many positions as you would like.

YMCA Camp Silver Creek		YMCA Camp Greider
_____ Program Director	_____ Waterfront Director	_____ Program Director
_____ Unit Operations Director	_____ Unit Director	_____ Arts & Crafts Director
_____ Kitchen Director	_____ Arts & Crafts Directors	_____ Waterfront Director
_____ Assistant Kitchen Director	_____ Leaders in Training Director	_____ Outdoor Skills Director
_____ Prep Cook	_____ Cabin Counselor	_____ Unit Director
_____ Kitchen Aide	_____ Unit Aide	_____ Counselor in Training Director
_____ Outpost Director	_____ Lifeguard (with other position)	_____ Bus Driver
_____ Nurse (Volunteer only)		_____ Senior Counselor
		_____ Junior Counselor

Preference is given to candidates who are available to work for the full summer season.	
YMCA Camp Silver Creek All staff season: 6/18/17 (may change depending on school make up days) through 8/22/17	
YMCA Camp Greider All staff season: 6/19/17 through 9/1/17	
Are you available to work for the full season? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates unable to work:

Which certifications do you currently hold?

Certification	Expiration Date
First Aid/CPR <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will receive by start date	
Lifeguarding <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will receive by start date	
Oregon Driver's License (over 21 only) Oregon CDL (Bus Drivers only) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Oregon Food Handler's Certification (Kitchen Staff & Unit Aides only) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will receive by start date	
Other:	



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Please answer the following questions. You may attach an additional sheet of paper if necessary.

1. Describe one of your best experiences in a position working with children. Where was this position and why was this experience significant? _____

2. Describe a time when you felt challenged in a position working with children or peers. What did you do to overcome this challenge? _____

3. What qualities do you have to be a successful camp staff person? _____

Signature: _____ Date: _____