



SALEM FAMILY YMCA OF MARION AND POLK COUNTIES

YMCA Camp Silver Creek

CAMP APPLICATION

Name: _____ Phone Number: _____

Address: _____ Email: _____

If you are a returning applicant (worked at camp in 2018):

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.

- | | | |
|--|--|---|
| <input type="checkbox"/> Assistant Director | <input type="checkbox"/> Unit Director | <input type="checkbox"/> Kitchen Director (Head Cook) |
| <input type="checkbox"/> Program Director | <input type="checkbox"/> Cabin Counselor | <input type="checkbox"/> Assistant Kitchen Director |
| <input type="checkbox"/> Waterfront Director | <input type="checkbox"/> Unit Aide | <input type="checkbox"/> Prep Cook |
| <input type="checkbox"/> Arts & Crafts Director | <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Kitchen Aide |
| <input type="checkbox"/> Leader in Training Director | | |

Preference is given to candidates who are available to work for the full summer season.	
YMCA Camp Silver Creek All staff season: 6/16/19 (may change depending on school make up days) through 8/24/19	
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) <input type="checkbox"/> Yes <input type="checkbox"/> No	Oregon CDL (Bus Drivers only) <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:	

Please complete YMCA Application for Employment.

Family YMCA of Marion & Polk Counties 685 Court St. NE Salem, OR 97301

(503) 581-9622 www.theyonline.org



Family YMCA of Marion & Polk Counties

685 Court St. NE, Salem, OR 97301

Phone: (503) 581-YMCA (9622) Fax: (503) 399-2789

Web: www.theYonline.org

Application for Employment

The Family YMCA of Marion & Polk Counties is an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, gender, age, sexual orientation, physical or mental disability, or any other bias protected by federal, state, or local legislation concerning equal opportunity in employment.

Position applying for: _____ Today's Date: _____

Have you ever applied at the YMCA before? No YES, where _____

Personal Information

First name: _____ Middle initial: _____ Last name: _____

Address: _____ Phone: _____

City, state, ZIP: _____ Email: _____

Are you 18 years of age or older? Yes No

Have you ever been employed by the Family YMCA of Marion & Polk Counties before? Yes No

Can you legally work in the United States (and provide verification upon hiring)? Yes No

Please be prepared to explain any convictions that may appear on your background check.

Education and Training

Include any additional education, vocational training, professional information, certificates, or licenses held on an attached resume, if necessary.

High school attended: _____ City, state: _____

Did you graduate or receive a GED? _____ Yes No Still attending

Year of Graduation or completion of GED: _____

College or university attended: _____ City, state: _____

Did you graduate? Yes No Still attending

Degree attained: _____ Major: _____ Year attained: _____

College or university attended: _____ City, state: _____

Did you graduate? Yes No Still attending

Degree attained: _____ Major: _____ Year attained: _____

Employment History

List most recent employer first

1. Company: _____
Street: _____ City _____ State: _____ Phone: _____
Supervisor's name: _____ Title: _____
Employment dates: _____ Last position held: _____
Brief description of duties: _____
Reason for leaving: _____

2. Company: _____
Street: _____ City _____ State: _____ Phone: _____
Supervisor's name: _____ Title: _____
Employment dates: _____ Last position held: _____
Brief description of duties: _____
Reason for leaving: _____

3. Company: _____
Street: _____ City _____ State: _____ Phone: _____
Supervisor's name: _____ Title: _____
Employment dates: _____ Last position held: _____
Brief description of duties: _____
Reason for leaving: _____

Professional and work-related references that we may contact:

Name: _____	Occupation: _____	Relation: _____	Phone: _____
Name: _____	Occupation: _____	Relation: _____	Phone: _____
Name: _____	Occupation: _____	Relation: _____	Phone: _____
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I hereby authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation, or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the Family YMCA of Marion & Polk Counties to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide authorization concerning my experience releasing all parties from any liability arising there from.

I hereby agree to submit to legally permissible drug and/or alcohol testing upon request by the Family YMCA of Marion & Polk Counties. I recognize that the results of these tests may be used to determine my employment. I understand and expressly agree that if employed by the Family YMCA of Marion & Polk Counties storage areas provided for me (locker, desk, computer, voice mail, etc.) are open to investigation by the Family YMCA of Marion & Polk Counties without prior notice to me.

If I am employed by the Family YMCA of Marion & Polk Counties I understand my employment may be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that, other than the Executive Director/CEO, no manager, supervisor or representative of the Family YMCA of Marion & Polk Counties has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the Family YMCA of Marion & Polk Counties.

My signature below certifies that I have read and understand the foregoing and, to the best of my knowledge and belief, the information on this form is true and correct. I agree to be bound by the terms and conditions stated in this application. This application contains all the understanding between me and the Family YMCA of Marion & Polk Counties concerning the nature of my employment, if any, by the Family YMCA of Marion & Polk Counties and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Family YMCA of Marion & Polk Counties. I understand and agree that, except as noted above, no person who is either an agent or employee of the Family YMCA of Marion & Polk Counties may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Signature: _____ Date: _____



**SALEM FAMILY YMCA OF MARION AND POLK COUNTIES
 YMCA Camp Silver Creek & YMCA Camp Greider
 REFERENCE CHECK**

THIS IS A CONFIDENTIAL REFERENCE CHECK. PLEASE RETURN TO CANDIDATE IN A SEALED ENVELOPE.

Applicant Name: _____ Position Applied For: _____

The above applicant has applied to work at a summer camp position which requires the ability to work well with children. Additionally, the applicant will need to work well with supervisors and peers in an often high-pressure environment. Please answer the following keeping this in mind.

How long have you known the applicant? _____ In what capacity? _____

If in a supervisory role:

What was applicant's job title? _____ Dates of employment? _____

Reason for leaving? _____ Eligible for rehire? _____

Please rate the applicant in comparison to his/her peers.

Attribute	Excellent	Above Average	Average	Below Average	Have not Observed
Reliability/dependability					
Punctual					
Maturity					
Judgment under normal circumstances					
Judgment under pressure or stress					
Ability to build positive relationships					
Manages time well					
Ability to communicate effectively					
Open to new ideas and approaches					
Ability to accept coaching and feedback					
Ability to follow directions					
Ability to follow rules					
Ability to problem-solve and find solutions					
Willingness to learn					
Concern for others					
Leadership skills					
Ability to put children's needs first					



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1. Have you observed the applicant in a position working with children? Please describe. _____

2. Do you feel the applicant can work well with children? Please describe. _____

3. Do you have any reasons why the applicant should not be hired in a position working with children? If yes, please explain. _____

4. What are this applicant's greatest needs for development and/or improvement? _____

5. What do you feel are the applicant's strengths? _____

6. Is there any other information you would like provide? _____

Reference Name: _____

Title/Position: _____

Phone Number: _____

Email Address: _____

Signature: _____

Date: _____



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