YMCA CAMP SILVER CREEK
SUMMER CAMP APPLICATION PROCESS

Thank you for considering YMCA Camp Silver Creek for summer employment or volunteer work. We look forward to an amazing summer inspiring youth.

New Staff Applicants
You are considered a new staff applicant if you did not work at camp in 2019. Please complete and submit the following documents which are included in this packet:

- Family YMCA of Marion & Polk Counties Application for Employment
- Camp Silver Creek Application
- References from three (3) adults who are not related to you who can evaluate your ability to work with children in a camp setting. Must be in a sealed envelope.

Returning Staff Applicants
You are considered a returning staff applicant if you worked in a paid position at camp in the 2019 camp season. Please complete and submit the following document which is included in this packet:

- Camp Silver Creek Application

New Volunteer Applicants
You are considered a new volunteer applicant if you did not volunteer at camp in 2019. Please complete and submit the following documents which are included in this packet:

- Family YMCA of Marion & Polk Counties Volunteer Application
- Camp Silver Creek Application
- References from three (3) adults who are not related to you who can evaluate your ability to work with children in a camp setting. Must be in a sealed envelope.

Returning Volunteer Applicants
You are considered a returning volunteer applicant if you volunteered at camp in the 2019 camp season. Please complete and submit the following documents which are included in this packet:

- Camp Silver Creek Application

Please mail the signed application packet to the attention of Crystal Cram at the address below. Please note, if you are a new staff or volunteer applicant, please mail all documents together in order to be considered for a position. Applications may also be delivered to the camp director’s mail box.

We will begin the application review process during late December and then will begin scheduled interviews. As always, we look to hire returning camp staff as our first-choice candidates. In order to be considered as a first-choice candidate, please submit your application by February 1st, 2020. New Staff Applications due by April 15th, 2020. All positions are open until filled.

If you have questions, please feel free to contact me.

Crystal Cram (Pretzel)
YMCA Camp Silver Creek Camp Director
ccram@theyonline.org
503-873-0205
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 2019):
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.

[Table with options for positions: Assistant Director, Unit Director, Kitchen Director (Head Cook), Program Director, Cabin Counselor, Assistant Kitchen Director, Waterfront Director, Unit Aide, Prep Cook, Arts & Crafts Director, Lifeguard, Kitchen Aide, Leader in Training Director, Outpost Director]

Preference is given to candidates who are available to work for the full summer season. You must be able to attend Staff Training 6/14-20.
YMCA Camp Silver Creek All staff season: 6/14/20 (may change depending on school make up days) through 8/22/20

Are you available to work for the full season?  [ ] Yes  [ ] No

Dates unable to work:

Which certifications do you currently hold?

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<th>Certification</th>
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<td>First Aid/CPR</td>
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<td>Lifeguarding</td>
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<tr>
<td>Oregon Driver’s License (over 21 only)</td>
<td>Oregon CDL (Bus Drivers only)</td>
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<td>[ ] Yes  [ ] No</td>
<td>[ ] Yes  [ ] No</td>
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<tr>
<td>Oregon Food Handler’s Certification (Kitchen Staff &amp; Unit Aides only)</td>
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Please complete YMCA Application for Employment
Mail to - ATTN: Crystal Cram  PO BOX 110 Salem, OR 97308
503.873.0205  ccram@theyonline.org  www.theyonline.org
Please pick at least 3 of the 5 questions below to answer.

Why is working at Camp Silver Creek important to you?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

What strengths do you plan to bring to camp this summer?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

What is something you have learned about yourself in the past year?

__________________________________________________________________________________

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What is something you struggle with in your day to day life? How do you cope/overcome this struggle?

__________________________________________________________________________________

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What do you look for in a leader? What kind of leader do you want to be?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
Family YMCA of Marion & Polk Counties
PO BOX 110, Salem, OR 97308
Phone: (503) 581-YMCA (9622)
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: ____________________________
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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: ____________
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Name: ____________________ Occupation: ____________ Relation: ____________ Phone: ____________

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: _______________________

Revised 8/2019
THIS IS A CONFIDENTIAL REFERENCE CHECK. PLEASE RETURN TO CANDDATE 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.

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Family YMCA of Marion and Polk Counties  PO BOX 110  Salem OR 97308  
(503) 581-9622  theyonline.org
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6. Is there any other information you would like provide? ____________________________________________________________
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Reference Name: ___________________________  Title/Position: ___________________________
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Reference Name: ________________________________  Title/Position: ________________________________
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