

**DARIEN YMCA**

2420 Post Road
Darien, CT 06820
(203) 655-8228
Fax: (203) 656-2267
www.darien-ymca.org

SUMMER CAMP 2024 EMPLOYMENT APPLICATION

Thank you for your interest in The Darien YMCA Summer Camp. Please review our **Camp Staff Hiring Process** carefully:

Step 1: Complete the Employment Application either via email to jnovak@darien-ymca.org or bring to the YMCA front desk.

Step 2: After you hand in your camp application, you will receive an e-mail notification that we have your application and will review your qualifications. If you do not receive the e-mail confirmation within two weeks after you submit your camp application, please e-mail John Novak at jnovak@darien-ymca.org.

Step 3: We will contact applicants to come in for an interview based on the following criteria:

- Applicants must be at least 16 years old to be considered for a camp job
- Experience working with children
- Camp experience
- Volunteer work

Step 4: If you are being considered for employment, you will receive an email from our payroll company to submit information for a criminal background check. You will not be able to work until your background check comes back clear.

PLEASE NOTE: Camp runs from Monday, June 17 – Friday, August 9, with a 9th modified week August 12 – August 16. Camp Staff must commit to work the full 8 weeks (time off must be approved by Camp Director prior to start of camp)

I look forward to meeting with you. Please feel free to contact me if you have any questions:

John Novak
Youth Development Director, School Age Child Care and Camp
jnovak@darien-ymca.org
(203) 655-8228 ext. 1331

DARIEN YMCA

SUMMER CAMP JOB APPLICATION

You must be 16 years of age by June 1, 2024 to apply for a camp position

*****Due to Office of Early Childhood Guidelines, ALL camp staff must be fully vaccinated prior to working camp*****

We are an Equal Opportunity Employer. This association does not discriminate in the recruitment, hiring and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully, but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all the minimum qualifications required for the position for which you are applying.

PERSONAL INFORMATION

NAME: _____
Last First MI

ADDRESS: _____
Street No. Street Name City State Zip Code

TELEPHONE: _____
Home Cell or Business Email Address (please print)

Will you be 16 by June 1, 2022? _____

Are you authorized to work in the United States? Yes ____ No ____
(If you are hired, you will be required to furnish proof of your employment eligibility)

Other names used during prior employment _____
Maiden name, other surnames, etc

WHICH POSITION ARE YOU APPLYING FOR:

- ☐ Pre-School Counselor
- ☐ School Age Counselor
- ☐ Specialist (arts & crafts, sports, music/dance)
- ☐ Gymnastics Instructor
- ☐ Archery Instructor
- ☐ Lifeguard/ Swim Instructor
- ☐ Boating Instructor
- ☐ Special Needs Paraprofessional
- ☐ Swim & Sail Camp for Children with Special Needs
- ☐ Not Sure...Open to Suggestions.

WHICH CAMP/ AGE GROUP WOULD YOU PREFER TO WORK WITH:

- ☐ 3 – 5 year olds- Schedule varies
- ☐ Children Entering Grades 1st & 2nd grade- 8:15 am-3:45pm
- ☐ Children Entering Grades 3rd & 4th grade- 8:15am – 3:45 pm
- ☐ Children Entering Grades 5th & 6th grade- 8:15 am – 3:45 pm
- ☐ Children entering Grades 7th & 8th grade- 8:15 am – 3:45 pm
- ☐ Gymnastics Camp- 8:15 am – 1:00 pm
- ☐ Afternoon Navigators- 12:45 pm – 3:45 pm

EDUCATION AND TRAINING

	Print Name, City & State for each school listed	Dates	Type/ Major	Graduated?	Degree Received
High School		From _____ To _____			
College		From _____ To _____			
College		From _____ To _____			
Trade, Bus., Night, etc		From _____ To _____			
Other		From _____ To _____			

EMPLOYMENT DATA

Please list in order of most recent employment first

Company Name	Phone No.	Dates of Employment
Address (Include Street, City, State, Zip	Job Title	
Supervisor (Name & Title)	Description of Duties	Reasons for terminating or considering change
Company Name	Phone No.	Dates of Employment
Address (Include Street, City, State, Zip	Job Title	
Supervisor (Name & Title)	Description of Duties	Reasons for terminating or considering change

Are you certified in First Aid, CPR, Life Saving, other? Yes ___ No ___ If yes, describe below.

Volunteer Experience (Related to school, church, sports, extracurricular, etc.):

Please describe qualities you possess that would make you an effective staff member of the Darien YMCA Summer Camp.

Explain why you want to work at the Darien YMCA Summer Camp.

Describe briefly your experience working with children.

List any hobbies, foreign languages, interests and/or talents that you feel would be an asset to a summer camp programs.

The YMCA teaches the values of caring, respect, honesty and responsibility. What would a role model for YMCA values look like? How do you fit that model?

Please read carefully before signing

I certify that the information provided on this application and on other forms I complete as part of my employment process is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the schools, person, previous employers, agencies and other organizations named on employment forms to provide the YMCA (its authorized employees, agents, or representatives) with any relevant information that may be required to arrive at an employment decision and hereby release any such schools, persons, employers, agencies, and organizations from any and all liability that they might otherwise incur as a result. I understand that failure to provide true and accurate information could result in refusal of employment or dismissal from employment without advance notice.

Signature _____ Date _____

Parent Signature (if under 18) _____ Date _____

After completing the application, please print and sign and then return.

**Please submit all application to Suzanne Richards at Darien YMCA, 2420 Post Road, Darien, CT
or email to jnovak@darien-ymca.org.**