



YMCA CAMP ABNAKI COUNSELOR APPLICATION
 Winter - 266 College St. Burlington, VT 05401 802-652-8180
 Summer - 1252 Camp Abnaki Road, North Hero, VT 05474 802-372-8275

Name: _____
First Middle Last

Date: ____/____/____
MM DD YYYY

Current Address: _____

Until when? _____

Permanent Address: _____

Current Phone: _____

Cell Phone: _____

E-mail Address: _____

Are you 21 or older? Y N 25 or older? Y N

Position Desired: _____

What are your dates of availability? _____

Do you possess a valid drivers license?
 Are you legally authorized to be employed in the USA?

Which state? _____ Drivers license # _____
 Have you ever been convicted of a criminal offense? _____
 If yes, please explain: _____

Education Information

Circle type of school you are presently enrolled in: High School College Graduate Other
 If not now in school, what is the last year of school you completed? _____

	School Name, City, and State	Course of Study or Major	Graduated	Degree Received
High School			Yes No	
College			Yes No	
Other			Yes No	

Employment / Volunteer History

List all work / volunteer experience beginning with your **current or most recent position.**

Company Name _____ Employed From _____ To _____

Address (Street, City, State, Zip) _____

Name and Title of Immediate Supervisor _____ Telephone _____

Your Title _____ Reason for Leaving _____

Description of Responsibilities _____

Company Name _____ Employed From _____ To _____

Address (Street, City, State, Zip) _____

Name and Title of Immediate Supervisor _____ Telephone _____

Your Title _____ Reason for Leaving _____

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Address (Street, City, State, Zip) _____

Name and Title of Immediate Supervisor _____ Telephone _____

Your Title _____ Reason for Leaving _____

Description of Responsibilities _____

May we contact the employers listed above? Yes/No If not, indicate which one(s) you do not wish us to contact. _____

Please use another piece of paper if you would like to expand on the following questions:

1. Did you attend a camp as a child? Yes No If yes, where & when _____
2. Have you been employed at a camp? Yes No If yes, when, where and how long? _____
3. With which age group do you prefer to work? 6 - 7 8 - 10 11 - 13 13 - 15 Why? _____
4. What do you hope to gain from an employment related camping experience? _____
5. Sometimes you have to remain calm on the outside when you are really upset on the inside. Can you give an example of a time this has happened to you? _____
6. What is the most useful criticism you have ever received? _____
7. Why do you want to work at YMCA Camp Abnaki? _____
8. What special skills or talents do you have from which our camp will benefit? _____
9. What do you think will be the greatest challenge for you in this position? _____
10. What character qualities do you possess that would be important as a staff member? _____
11. What is your most rewarding relationship and why? _____
12. How did you spend your out of school hours as a kid during the school year and during summer? _____

Staff members are required to lead and assist in teaching activities. Please indicate your skill level in the following activities. Our programs are constantly changing. Be creative. Please indicate a hobby or skill you have that we currently do not have listed.

Place the number

"1" in front of those activities you can organize, lead & teach.
 "2" in front of those activities you can assist in teaching.
 "3" in front of those activities you have only participated in.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Sailing | <input type="checkbox"/> Photography | <input type="checkbox"/> Community Service | <input type="checkbox"/> Music |
| <input type="checkbox"/> Windsurfing | <input type="checkbox"/> Overnight Camping | <input type="checkbox"/> Cooperative Games | <input type="checkbox"/> Creative Writing |
| <input type="checkbox"/> Kayaking | <input type="checkbox"/> Nature | <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Farm Life |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Orienteering | <input type="checkbox"/> Fishing | <input type="checkbox"/> Outdoor Cooking |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Hiking | <input type="checkbox"/> Snorkeling | <input type="checkbox"/> Fantasy Games |
| <input type="checkbox"/> Skateboarding | <input type="checkbox"/> Indian Lore | <input type="checkbox"/> Dance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Rainy Day Activities | <input type="checkbox"/> Floor/Street Hockey | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Fire Building | <input type="checkbox"/> Archery | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Rocketry | <input type="checkbox"/> Soccer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Climbing Wall | <input type="checkbox"/> Song Leading | <input type="checkbox"/> Camp Craft | |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Story Telling | <input type="checkbox"/> Skits | |
| <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Ultimate Frisbee | <input type="checkbox"/> Wood Working | |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Rugby | <input type="checkbox"/> Gardening | |

Personal References - Contact Information

List three individuals able to give character references. You may include former employers or school administrators, and may include one relative.

Name _____ Work Phone _____ Home Phone _____
 Address (Street, City, State, Zip) _____
 Occupation _____ Relationship to Applicant _____

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 Address (Street, City, State, Zip) _____
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Name _____ Work Phone _____ Home Phone _____
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Personal References - Reference Forms

Reference forms are available online at campabnaki.org. References must fill this form out online and submitted to YMCA Camp Abnaki in order to process this application.

How did you find out about the position you are applying for?

- Newspaper
- College Recruiting
- Internet
- Job Fair
- Walk In
- YMCA Member/Volunteer

- Abnaki Alumni: _____
- YMCA employee: _____
- Friend: _____
- I am an Abnaki Alumni
- Other: _____

<p>List all certifications you currently have or will have by the start of employment. Copies will need to be provided upon arrival at Camp Abnaki.</p>			
Certification	Exp. Date	Certification	Exp. Date

Certification	Exp. Date	Certification	Exp. Date

IMPORTANT - PLEASE NOTE

- If you are offered a position at YMCA Camp Abnaki we will need your signature authorizing a criminal background check.
- Camp policy requires all staff to have a physical examination within 24 months prior to arrival at camp and to have a recent health form completed by a physician (9 months). The costs for these are borne by the employee.
- Alcohol, tobacco, and tobacco products are not allowed to be brought on camp property even if the employee is of the legal age to partake in these substances.

Release and Personal Certification of Application

I certify that all statements made by me on this application are true to the best of my knowledge and that I have not withheld anything that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts that would exclude my being considered for employment, or after employment, may be cause for termination with YMCA Camp Abnaki . I grant permission to the YMCA to solicit and investigate statements from any person and/or organization with regard to my personal history and prior employment and agree to hold all persons harmless with respect to the information they may give, receive, or publish. I understand the YMCA will conduct a criminal and a sexual offender background check and may check my driving record. I hereby waive any right to claim any request or investigation is an invasion of my privacy and will cooperate with any requests for information since they are made with my consent. If offered a position, I will conscientiously abide by all camp rules and conditions of employment. I hereby acknowledge that I have read and understand all of the above and that I voluntarily sign this application.

Signature of Applicant _____ Date _____

YOU ARE WELCOME TO ATTACH A RESUME OR OTHER INFORMATION IF YOU FEEL IT WILL ALLOW US FURTHER INSIGHT INTO YOUR QUALIFICATIONS.