



YMCA's of Massachusetts Group

South Shore YMCA Camp Staff Employment Application 79 Coddington Street · Quincy, Ma 02169

The South Shore YMCA is an equal opportunity employer and will consider all applicants including qualified individuals with a disability for all positions equally without regard to their race, gender, sexual orientation, age, color, religion, national origin, veteran status, or any other legally protected status pursuant to relevant federal, state and local laws. Reasonable accommodations will be made for qualified applicants with disabilities

TYPE OF CAMP DESIRED <input type="checkbox"/> Traditional Day Camp <input type="checkbox"/> Sports Camp <input type="checkbox"/> Creative Arts Camp <input type="checkbox"/> Teen Leaders (must be 21+)	CAMP LOCATION DESIRED <input type="checkbox"/> Canton <input type="checkbox"/> Quincy	AGE PREFERENCE <input type="checkbox"/> 4-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> 13-14
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WORK AVAILABILITY		
<input type="checkbox"/> 1 (6/28 - 7/2)	<input type="checkbox"/> 2 (7/5 - 7/9)	<input type="checkbox"/> 3 (7/12 - 7/16)
<input type="checkbox"/> 4 (7/19 - 7/23)	<input type="checkbox"/> 5 (7/26 - 7/30)	<input type="checkbox"/> 6 (8/2 - 8/6)
<input type="checkbox"/> 7 (8/9 - 8/13)	<input type="checkbox"/> 8 (8/16 - 8/20)	<input type="checkbox"/> 9 (8/23 - 8/27)



PERSONAL INFORMATION

NAME: _____ E-mail: _____

PERMANENT ADDRESS: _____ PHONE: (____) _____
 (Street)

 (City) (State) (Zip)

SCHOOL ADDRESS: _____ PHONE: (____) _____
 (Street)

 (City) (State) (Zip)

Are you legally eligible for reemployment in the U.S.? YES NO
(proof of citizenship or immigration status will be required upon employment)

Have you ever been convicted of a felony or misdemeanor? YES NO If yes, give details:

CAMP EXPERIENCE

Have you ever been a camper? YES NO If yes, please list the camp name: _____

Have you ever been on a camp staff YES NO

CAMP	EMPLOYMENT DATES	POSITION	SALARY

HOW DID YOU HEAR ABOUT US?

How did you hear about the South Shore YMCA Summer Day Camps? _____

EDUCATION

SCHOOL NAME

CITY/STATE

YEARS COMPLETED

MAJOR

GRADUATED?

(High School)

(College)

(Other)

**WORK EXPERIENCE
(including volunteer work)**

Please list both full time and part time positions starting with your present or most recent job.

Company Name:	Telephone:
Address:	Employment Dates:
Supervisor:	Salary:
Job Title / Description:	Reason for Leaving:
Company Name:	Telephone:
Address:	Employment Dates:
Supervisor:	Salary:
Job Title / Description:	Reason for Leaving:

SKILLS AND INTERESTS

Below, list your top two skills that you are capable of teaching at camp. Describe in detail all personal or teaching experiences you have in connection with these skills. (Examples include: art, aquatics, drama, dance, sports, games, etc.)

SKILL 1:**SKILL 2:****WHY WOULD YOU LIKE TO WORK AT CAMP?**

We take our jobs at camp very seriously. While we are very serious about having fun, and making sure the campers have fun, we are even more serious about the well-being of our campers. Please take the time to write a few sentences about what interested you in applying to the South Shore YMCA and why you would like to join our Camp Staff team.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the YMCA is true, complete and correct, and I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the YMCA's service, whenever it is discovered. Initial _____

I expressly authorize, without reservation, the YMCA its representative, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the YMCA, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, organizations for furnishing such information about me. I am aware that I have the right to make a written request for disclosure of the nature and scope of any report that may be ordered. Initial _____

I understand upon offer of employment, the YMCA will conduct a criminal background check prior to and during my employment as well as a sex offender registry check and I am subject to random, accident follow-up, and for cause drug testing. Initial _____

I am not a child molester, abuser or pedophile; and have not been accused of being a molester or abuser. Initial _____

I understand that the YMCA does not discriminate in hiring or employment on the basis of race, color, veteran's status, religious creed, national origin, sex, ancestry, or age; or on the basis of a handicap not limiting the applicant's ability to perform satisfactorily the job available. The YMCA will give this application every reasonable consideration. However, in accepting it, the YMCCA makes no commitment of employment to the applicant. Initial _____

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the YMCA and still wish to be considered for employment, it may be necessary to reapply and fill out a new application. **Employment with the YMCA is employment at will** which means that employees may end their employment at any time, for any reason; and that the employer (the YMCA) may terminate employees at any time for any reason with or without cause. Initial _____

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that a federal immigration laws require me to complete an I-9 Form in this regard and

I certify that I have read, fully understand and accept all terms of the foregoing applicant statement.

Signature of Applicant

Date

Do not sign until you have read and initialed the above statements



South Shore YMCA SORI Request Form

SORI REQUEST FORM

The Commonwealth of Massachusetts Sex Offender Registry Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.* All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

The information below is correct to the best of my knowledge.

APPLICANT/EMPLOYEE INFORMATION (Please Print CLEARLY)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (if applicable)

DATE OF BIRTH ____/____/____ SOCIAL SECURITY #: ____-____-____

ADDRESS: _____

Applicant/Employee Signature

REQUESTED BY: _____
SIGNATURE OF SORI AUTHORIZED EMPLOYEE