



2010 AYF Summer Camp Counselor Application

AYF Camp Committee

Please attach a copy of your driver's license.
Application Deadline: April 30, 2010
Mandatory Counselor Orientation at AYF Camp: June 18 – 20, 2010

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Sex: Male Female

E-mail Address: _____

Circle weeks you're applying for (**no consecutive weeks**)

1st Choice:

(1) 7/5-7/11 **(2)** 7/11-7/18 **(3)** 7/18-7/25 **(4)** 7/25-8/1 **(5)** 8/1-8/8 **(6)** 8/8-8/15 **(7)** 8/15-8/22

2nd Choice:

(1) 7/5-7/11 **(2)** 7/11-7/18 **(3)** 7/18-7/25 **(4)** 7/25-8/1 **(5)** 8/1-8/8 **(6)** 8/8-8/15 **(7)** 8/15-8/22

Past Work History: Provide a full record of all employment – paid and volunteer.

Dates	Employer/Supervisor	Address & Phone	Nature of Work

Indicate any employer you **do not** wish us to contact, and the reason: _____

Reference: Give names and addresses of three persons (not relatives) having knowledge of your character, experience, work habits, and ability.

Name	Address & City	Phone

Camp Experience:

Dates	Camp & Director	Location	Camper or Staff

Education: High School and Beyond

Years	School	Major Subjects	Degree Granted

Write a brief biographical sketch, including specialized training in camping, and experience in other fields, which might have a bearing on the position(s) for which you are applying:

Have you ever been hospitalized? Yes No

If yes, which hospital, when and for what? _____

Please list the name and phone number of your physician: _____

Please list three emergency names and phone numbers:

Names

Phone #

Day Phone #

List any and all medical conditions that may affect you up at camp, and any medications that you will need to take during your stay at camp (all allergies, asthma, and medication):

Do you smoke? Yes No

If yes, how often and can you handle not smoking during your stay at camp: _____

Camp Program Skills: Please list any skills you have that may apply to the camp program. _____

Certifications: Please mark a check next to each certificate you have.

CPR

EMT

First Aid

Nursing

Lifeguard

What contributions do you think you can make at AYF Camp? _____

What contributions do you think AYF Camp can make to the children that attend? _____

Criminal Record: Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please describe. (Note: a prior conviction is not an automatic bar of eligibility. The camp will evaluate the type of conviction and when it occurred before any decision is made.)

Yes No

Please Explain: _____

I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with same. I further agree to adhere to all AYF Camp regulations and to abide by all of the decisions made by the AYF Summer Camp Committee, Camp Director, and Board of Directors. I understand that untrue, misleading, or omitted information herein or in other documents by the applicant may result in dismissal, regardless of the time of discovery by the camp. **I also understand that this application will be void should I not attend the mandatory counselor orientation at AYF Camp June 18-20, 2010.** All applicants are subject to mandatory drug testing prior to being approved as a counselor. Once approved, all counselors are also subject to random drug testing during their stay at camp.

Signature _____ Date _____

(The application must be completely filled out and sent to the AYF Camp office before April 30th to receive a counselor interview.)
Please attach a copy of your driver's license.