



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

AKRON AREA YMCA
akronymca.org

Check the one that applies to you:

- Employment Application
- Volunteer Application

Camp Y-Noah Akron Rotary Camp Date _____

Position Applying for _____

Date Available _____ Hours Available _____

Qualified applicants are considered for the position(s) applied for without regard to race, color, religion, sex, national origin, age, citizenship, qualified disability, and ancestry or veteran status. We are committed to a Diverse Workforce.

INFORMATION – PERSONAL

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Email Address _____ Current Employer _____

Have you ever previously been employed by any YMCA? _____

If yes, when and where were you employed? _____

And in what position? _____

How did you hear about the position you are applying for? _____

SKILLS Please list your special skills and/or training pertinent to this position _____

ACTIVITIES Please list any community, extracurricular or professional activities (i.e.: clubs or associations) and any leadership experience or offices held. (Note: Under current federal law, you are not required to list any organization which may indicate race, sex, religion or national origin.)

NOTE Conviction of a crime will not be an automatic bar to employment or volunteering. All circumstances will be considered in evaluating the applicant's suitability for employment or volunteer status.

Have you ever been convicted of a misdemeanor or for any felony?

Misdemeanor _____ Felony _____

If yes, month/year _____

Please explain _____

INFORMATION - EDUCATION

Name & Location of School	Course of Study	#Years Completed	Did you graduate?
Graduate School			
College/Business-Trade or Tech			
High School or GED			
Training-Other			

A resume may not be used as a substitute for completion of this page.

Please provide accurate and complete information on your full-time and part-time employment record. Start with your present or most recent employer. Military and/or volunteer experience may also be listed in this section.

Current/Most Recent Employer _____ Phone _____

Address _____ Employment Dates _____

Supervisor _____ Starting/Ending Salary _____

Job Title/Description of Work _____

Reason for Leaving _____

Next Most Recent Employer _____ Phone _____
Address _____ Employment Dates _____
Supervisor _____ Starting/Ending Salary _____
Job Title/Description of Work _____
Reason for Leaving _____

Next Most Recent Employer _____ Phone _____
Address _____ Employment Dates _____
Supervisor _____ Starting/Ending Salary _____
Job Title/Description of Work _____
Reason for Leaving _____

NOTES

You may use a separate sheet of paper for any additional work history. Please include the same information as above. We may contact the employers listed unless you indicate those you do not want the YMCA to contact. If you indicate that you do not want a previous or current employer contacted, please list the reason(s) _____

CAMP INFORMATION

Please number in order of preference (1,2,3,etc.) the program for which you would feel qualified and would like to apply. All staff may have teaching responsibilities.

___ Camp Counselor ___ Aquatics ___ Teen Leadership
___ Special Needs ___ Equestrian ___ Teen Tripping
___ Ropes/Challenge ___ Creative Arts ___ Environmental Education

Are you a musician? _____
What instruments? _____

Please list any certifications that you currently hold and their expiration dates (First Aid, CPR, Lifeguard):

In the following list, put a "T" before those activities you can organize and teach as an expert or certified instructor. Mark an "A" for those activities in which you can assist in teaching. Mark an "L" for those you would be interested in learning about. Please list any others in the spaces provided or on a separate paper.

WATERFRONT	ARTS & CRAFTS	SPORTS	ADVENTURE SKILLS	ENTERTAINMENT
<input type="checkbox"/> Canoeing	<input type="checkbox"/> Ceramics	<input type="checkbox"/> Dance	<input type="checkbox"/> Backpacking	<input type="checkbox"/> Drama
<input type="checkbox"/> Kayaking	<input type="checkbox"/> Drawing	<input type="checkbox"/> Archery	<input type="checkbox"/> Ropes Courses	<input type="checkbox"/> Skits & Stunts
<input type="checkbox"/> Swimming	<input type="checkbox"/> Leather Craft	<input type="checkbox"/> Fishing	<input type="checkbox"/> Rappelling	<input type="checkbox"/> Song Leading
<input type="checkbox"/> Rowing	<input type="checkbox"/> Photography	<input type="checkbox"/> Riding-English	<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Radio
<input type="checkbox"/> Diving	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Riding-Western	<input type="checkbox"/> Survival Skills	<input type="checkbox"/> Devotions
<input type="checkbox"/> Sailing	<input type="checkbox"/> Candle Making	<input type="checkbox"/> Riflery	<input type="checkbox"/> Team Building	<input type="checkbox"/> Story Telling
<input type="checkbox"/> Lifeguard	<input type="checkbox"/> Wood Working	<input type="checkbox"/> Soccer	<input type="checkbox"/> Hiking	<input type="checkbox"/> Guitar
<input type="checkbox"/> Swim Instruction		<input type="checkbox"/> Softball	<input type="checkbox"/> Outdoor Cooking	
		<input type="checkbox"/> Volleyball	<input type="checkbox"/> Orienteering	
		<input type="checkbox"/> Football	<input type="checkbox"/> Tent Camping	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Activities Please list any community, extracurricular or professional activities (i.e.: clubs or associations) and any leadership experience or offices held. (Note: Under current federal law, you are not required to list any organization which may indicate race, sex, religion or national origin.)

GETTING TO KNOW YOU

Please answer the following questions giving careful consideration to each. Please attach an additional sheet if necessary.

1. Write a brief biographical sketch including camping experiences, responsibilities, and experience or training in other fields which might have a bearing on this application. We are especially interested in your experiences with children and leadership positions you have held.

2. What contributions can you make to the YMCA campers and staff?

3. What would you like to see your campers take home with them from their camp experience?

4. Can you please list any experience that you have working with individuals with disabilities?

5. Do you have any reservations about working for the Akron Area YMCA Camping Programs?

6. Is there any part of staff training or the camp season for which you would not be available?

7. Do you smoke? _____ If yes, would you be willing to give up smoking while at camp?

NOTICE TO APPLICANT

Please read and initial each box.

I certify the above statements made in this application are true, correct and complete. I understand and agree that any falsification or omission either on this form or in my response to questions asked during the interviewing or examination process or on employment forms I may subsequently complete, including "I-9" forms, may result in immediate termination of employment, no matter when the falsification or omission is discovered.

I understand that this application will not be considered if not filled out completely.

It is understood that this application does not obligate the YMCA in any way and does not indicate any open positions.

I understand that the Y is the nation's leading nonprofit committed to strengthening communities through Youth Development, Healthy Living and Social Responsibility.

I understand that as a staff member of the Akron Area YMCA I will be committed to the Y Mission.

I understand that as an employee/volunteer of the Akron Area YMCA I will be committing to the association's Member Service Promise to be friendly, attentive, and demonstrate the Y values of caring, honesty, respect and responsibility while I am on the job and/or volunteering for the association.

I understand that my signature constitutes my authorization for the Akron Area YMCA to investigate the facts submitted and for those with relevant information, including, but without limitation, physicians, hospitals, schools, law enforcement agencies, my prior employers and/or personal references to provide such information to the Akron Area YMCA, and I release them from liability for doing so.

I understand that a copy of this form shall serve as my authorization to release information and records to the extent such information is job-related and consistent with the Employer's business needs. I hereby consent to undergo such drug screenings and post-offer medical examinations as the Akron Area YMCA may require (which may include obtaining body tissue or fluid samples and analysis of them).

I understand that, if hired, my employment is to be "at will" and that either I or my employer may terminate my employment at any time, with or without cause, unless the "at will" arrangement is modified by a written agreement signed by both myself and the President of the Akron Area YMCA.

Applicant Signature

Date