

# YMCA Camp Shaver

## STAFF APPLICATION

Please fill in as accurately and fully as possible and promptly return to:

**YMCA Camp Shaver**  
**4901 Indian School Rd**  
**Albuquerque, NM 87110**  
**Pbeam@ymcacnm.org**

**www.campshaver.home.blog**

**Please print or type your answers.** Application will not be valid if any questions remain unanswered.

Full Name \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security # \_\_\_\_\_ By June 1st, will you be (Please Check) 16 \_\_\_\_, 17 \_\_\_\_, 18 \_\_\_\_, 19 \_\_\_\_, 20 \_\_\_\_, 21+ \_\_\_\_,

Drivers License: State \_\_\_\_\_ Number \_\_\_\_\_ Expiration \_\_\_\_\_

Home address:	School address: (if in college)
Street	Street
City	City
State                  Zip code	State                  Zip code
Phone	Phone
Best way to reach you	e-mail

If applicable, what year in High School or College will you be entering in Fall 2018? \_\_\_\_\_

If in College, Major \_\_\_\_\_ Career Goal \_\_\_\_\_

Realizing that camp counseling often involves extensive physical outdoor activity, is there anything that would prevent you from doing the job? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

List several character traits that accurately describe who you are and the way you relate to people. \_\_\_\_\_

What experience do you have working with children? \_\_\_\_\_

Name three of your heroes and tell why.

YMCA Camp Shaver's objective is to be a strong positive influence on campers who are developing their personal habits and values. A counselor's example is most important in achieving this objective. Accordingly, do you understand and **are you committed to abide by** YMCA Camp Shaver's expectations that counselor's will refrain from the use of illegal drugs in any form, tobacco, the indiscriminate use of alcoholic beverages after age 21, and the necessity of maintaining good personal habits of conduct, grooming and hygiene?

I strongly agree

I Agree

I Agree, with reservations

I Do not agree

**Please bring your driver's license and social security card or passport to staff training**

## ACTIVITY INFORMATION

Please rank in order the activity area below using the following scale:

- 1 Highly skilled; can instruct, set up lesson plans, demonstrate proficiency, organize and or supervise.
- 2 Moderately skilled; can operate a safe program, teach competently and confidently without guidance
- 3 Moderate knowledge / experience; could assist an instructor.
- 4 Very limited knowledge or No knowledge.

Archery	Drama	Leatherwork	Arts & Crafts
Fire building	Nature class	Backpacking	Fishing
Soccer	Teambuilding	High Ropes	Riflery
BB Guns	Rock Climbing	White Water Rafting	Football
Baseball	Tree Identification	Hiking	Survival Skills
Gardening	Lifeguard	Creative Writing	No-Trace Camping
Pottery	Woodwork	Singing	Dance
Photography	Computers	Outdoor Cooking	Story telling
Insects	Geology	Constellations	Recycling
Map & Compass	Pioneer living	Engine Repair	Other _____

PLEASE LIST ANY CERTIFICATIONS YOU HAVE:

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***Please attach a photocopy of certifications with this form!!***

Do you use tobacco in any form? \_\_\_\_\_ If yes, can you restrict your usage only to "time off"? \_\_\_\_\_

Do you drink alcoholic beverages? \_\_\_\_\_ Can you comply with camp's expectations regarding this? \_\_\_\_\_

What is your feeling about the following statement?

"Counselor positions are available only to those who enjoy working with children, are willing to place the welfare of campers ahead of personal interests and will see the job through to the end."

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Please list earliest date you could start work and last day you could work, beyond the dates listed below. \_\_\_\_\_

***\*Staff Training begins: May 20<sup>th</sup> (for senior staff) May 25<sup>th</sup> for all staff, Last day of camp: August 4<sup>th</sup>***

***BRING YOUR SOCIAL SECURITY CARD AND DRIVERS LICENSE OR PASSPORT TO STAFF TRAINING***

I attest that the information provided in this application is accurate to the best of my knowledge and I have not willfully left out any information which could affect a decision to hire me. I want to work at Camp Shaver for no other reason(s) than described above. If hired I will perform the duties assigned to me willingly and cheerfully and will to the best of my ability protect and enhance the good reputation of YMCA Camp Shaver and the YMCA of Central New Mexico.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**If you are under 18 a parent or guardian must sign.**

I agree to have my child work at YMCA Camp Shaver under the prescribed conditions.

Parent Signature. \_\_\_\_\_ Date \_\_\_\_\_

**Please send this form to YMCA Camp Shaver 4901 Indian School Rd Albuquerque, NM 87110**

**IN ITS EMPLOYMENT PRACTICES, YMCA CAMP SHAVER DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, AGE, OR NATIONAL AND ETHNIC ORIGIN.**

**www.campshaver.org**