



Dear Applicant:

Thank you for your interest in becoming part of our staff team at YMCA Camp Kenan. Enclosed are a Camp Kenan Application for Employment and three reference forms. Once we receive the above documents, you will be mailed two background check forms, which may be returned as soon as possible, to the address listed below. The process for becoming part of the staff team at Camp Kenan is as follows:

1. Send in completed application and background reference check forms to:  
Camping Services Director  
YMCA Camp Kenan  
19 East Avenue  
Lockport, NY 14094
2. Minimum of three letters of reference sent to Camp Kenan.
3. Complete Background Check forms and return to the address listed.
4. Schedule a personal interview.

\*Note: The Niagara County Sheriff's Department Background Reference Check form must be completed in full and notarized. Both forms must be completed and returned before a candidate will be invited for an interview. Also, references will be contacted prior to the personal interview.

If you have any questions or would like to schedule a personal interview, please feel free to reach us at:

Lockport Family YMCA: (716) 434-8887

Camp Kenan: (June through September only) (716) 795-3031

Camp Kenan Mobile: (year round) (716) 622-8484

or you can send an email to: [ymcacampkenan@gmail.com](mailto:ymcacampkenan@gmail.com)

Thank you for your interest in becoming one of our outstanding staff members at the Lockport Family YMCA and Camp Kenan. We look forward to meeting you in the future!

Sincerely,

Director, YMCA Camp Kenan

# YMCA Camp Kenan Employment Application

Return to:  
YMCA Camp Kenan  
19 East Avenue  
Lockport, NY 14094

Please print or type. Date \_\_\_\_\_

Full Name \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Permanent Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Best time to call \_\_\_\_\_

Temporary Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Best time to call \_\_\_\_\_

E-mail Address(es) \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Circle age at start of summer (July 1).    Under 16    16-17    18-20    21+

Camp position you are applying for: \_\_\_\_\_ Birthdate (optional) \_\_\_/\_\_\_/\_\_\_\_\_

Are there any reasons you may have difficulty in performing any of the essential functions of the job for which you have applied?                      Yes                      No

If so, please explain. \_\_\_\_\_

## Education (most recent first)

School	Years	Major(s)	Degree Granted

## Work Experience with Children (Most recent first)

Dates	Employer	Address/Phone	Responsibilities	Supervisor	Reason for Leaving

Please rank the age groups with which you are most interested in working. (1=highest, 3=lowest)

\_\_\_\_\_ 6-8 year-olds

\_\_\_\_\_ 9-11 year-olds

\_\_\_\_\_ 12 to 15 year-olds

**Other Work Experience** (Please attach a resume if you have one.)

Dates	Employer	Address/Phone	Responsibilities	Supervisor	Reason for Leaving

Please list any experience as a camper or camp staff member including name of camp and dates.

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In the following list, put number "1" before those activities you can organize and teach as an exp; "2" for those activities in which you can assist in teaching; and "3: for those which are just your hobby; "C" for those in which you have *current* certification.

**Adventure/Ropes**

- Teambuilding
- Low Ropes Course
- High Ropes Course
- Rock Climbing
- Bouldering

**Performing Arts**

- Campfire Songs
- Drama
- Improvisational Acting
- Instrument \_\_\_\_\_
- Skits
- Voice

**Outdoor Education**

- Firebuilding
- Hiking
- Nature/Ecology
- Outdoor Cooking
- Outdoor Living Skills
- Other \_\_\_\_\_

**Aquatics**

- Canoeing
- Competitive Swimming
- Kayaking
- Swimming Games
- Water Polo
- Lifeguard Cert.
- Waterfront Lifeguard Cert.
- WSI Cert.
- Other \_\_\_\_\_

**Other Areas**

- Chapel Services
- CPR/AED \_\_\_\_\_
- First Aid \_\_\_\_\_
- Kitchen
- Maintenance
- Medical Care \_\_\_\_\_
- Office Work
- Special Needs

**Arts and Crafts**

- Boondoggle
- Candle-making
- Ceramics
- Drawing/Painting
- Hemp
- Leather
- Silk Screen
- Tie-Dye
- Other \_\_\_\_\_

**Sports**

- Archery
- Basketball
- Games (tag, kickball, etc.)
- Hockey
- Lacrosse
- Soccer
- Other \_\_\_\_\_

Describe your experience working with children ages 7 to 15 as a leader. \_\_\_\_\_

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**References** List at least three (3) references to your personal character and work ethic other than relatives and personal friends. Please also list ANY phone numbers at which they would like to be reached.

Name	Relationship to Applicant	Years Known	Home Phone	Work Phone	Cell Phone

Why do you want to work at camp? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What contributions do you think you can make at camp? Please list any special skills or talents. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What contributions do you think a well-run camp can make to children? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Camp staff spends most of their day living and working closely within the camp community. How will you be successful within this unique work environment? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above answers are true and correct to the best of my knowledge and belief. I am willing to take physical and other examinations as required and hereby authorize investigation of all statements contained in this application form. I understand that misrepresentation or omission of facts on this form is cause for disqualification of employment or dismissal if hired. If accepted as a staff member, I will abide by the rules of YMCA Camp Kenan and will endeavor to develop by precept and example the standards of conduct and character in the children entrusted to me.

Applicant Signature \_\_\_\_\_ Parent Signature (if under 18) \_\_\_\_\_

Date of Application \_\_\_\_\_

## YMCA Camp Kenan Applicant Reference

Applicant's Name \_\_\_\_\_

The above named person is applying for employment at YMCA Camp Kenan, a summer resident camp operated by the Lockport YMCA. We require three written references before an applicant will be considered for employment.

Please circle the rating which best describes the applicant's ability in each area. Comments should be given in the space provided.

1=Poorest, 3=Average, 5=Superior, N/O= No opportunity to observe

INITIATIVE	1	2	3	4	5	N/O
Comments: _____						

ENTHUSIASM	1	2	3	4	5	N/O
Comments: _____						

RELIABILITY	1	2	3	4	5	N/O
Comments: _____						

COOPERATIVENESS WITH SUPERVISOR	1	2	3	4	5	N/O
Comments: _____						

COOPERATIVENESS WITH CO-WORKERS	1	2	3	4	5	N/O
Comments: _____						

HONESTY	1	2	3	4	5	N/O
Comments: _____						

PUNCTUALITY	1	2	3	4	5	N/O
Comments: _____						

VERBAL COMMUNICATION	1	2	3	4	5	N/O
Comments: _____						

GENERAL APPEARANCE	1	2	3	4	5	N/O
Comments: _____						

RESOURCEFULNESS/ CREATIVITY	1	2	3	4	5	N/O
Comments: _____						

SOCIAL CONCERN FOR OTHERS	1	2	3	4	5	N/O
Comments: _____						

PHYSICAL STAMINA	1	2	3	4	5	N/O
Comments: _____						

EMOTIONAL MATURITY      1      2      3      4      5      N/O  
Comments: \_\_\_\_\_

SELF CONFIDENCE            1      2      3      4      5      N/O  
Comments: \_\_\_\_\_

RECEPTIVENESS  
TO CRITICISM                1      2      3      4      5      N/O  
Comments: \_\_\_\_\_

LEADERSHIP  
ABILITY                        1      2      3      4      5      N/O  
Comments: \_\_\_\_\_

WILLINGNESS TO GO  
BEYOND THE EXPECTED        1      2      3      4      5      N/O  
Comments: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

Any additional comments? \_\_\_\_\_

\_\_\_\_\_

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please list any phone numbers at which we may contact you for further information:

Cell \_\_\_\_\_      Work \_\_\_\_\_      Home \_\_\_\_\_

Thank you for your time in completing this form. Please return to the address below as soon as possible. This applicant will not be considered until all of his/her references have been received.

Camping Services Director  
Lockport Family YMCA  
19 East Avenue  
Lockport, NY 14094

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ABILITY                            1        2        3        4        5        N/O  
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Comments: \_\_\_\_\_

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In what capacity have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

Any additional comments? \_\_\_\_\_

\_\_\_\_\_

Your name: \_\_\_\_\_

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Occupation: \_\_\_\_\_

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\_\_\_\_\_

Any additional comments? \_\_\_\_\_

\_\_\_\_\_

Your name: \_\_\_\_\_

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