

# YORKTOWN PARKS & RECREATION SUMMER CAMP

The Town of Yorktown looks forward to providing local residents with a variety of day camp programs to meet their schedule. Our camps are designed so that campers can attend a full day or a half day of camp. Camp location is coordinated with the local school districts. We host a half day and a full day within both the Yorktown School District and the Lakeland School District. Currently, sites have not been finalized.

Campers enjoy a daily schedule filled with different activities including art, sports, nature, entertainment, and various special events. Full Day Campers will enjoy swimming as well. Candidates are expected to accompany and engage campers in these activities and may be required to accompany campers into the pool during swim. Camp is not a job for everyone. We have a very competitive process and all applicants who submit their completed application and references by April 1<sup>st</sup> are called in for an interview.

There is no camp on July 4<sup>th</sup>. Employees are required to commit to the full duration of camp.

## **APPLICATION PROCESS**

Must include two (2) completed reference forms with application in order to be considered for an interview. Must indicate position(s) desired on application and any appropriate experience to substantiate your interest. References will be verified. **Interviews will not begin until late April/early May 2016.** To ensure an opportunity to interview, please submit your completed application with two (2) references to the Yorktown Recreation Department at 176 Granite Springs Road, Yorktown Heights, NY 10598 no later than April 1, 2016.

## **POSITIONS**

COUNSELORS, SPECIALISTS, DIRECTORS

These positions are paid positions based on background and experience.  
Applicants must be 16 years of age by June 27, 2016

## **VOLUNTEER**

COUNSELOR-IN-TRAINING

Applicants must be 15 years of age by June 27, 2016

There are very limited CIT positions and there are no CIT positions for Travel and Adventure Camps.

## **ALTERNATIVE POSITIONS**

The Recreation Department may also have positions available for Pool Checkers, Photo Registration Staff, Parks and Lifeguard Staff.

## **CAMPS**

### **Pre School Program**

Yorktown Community Nursery School                      July 5, 2016 – July 29, 2016                      8:30am to 12:00pm  
Campers are ages 3-5. Staff will also meet for two short orientations in June                      Monday-Friday

### **Half-Day Program**

Sites to be determined                      June 28, 2016 – July 29, 2016                      8:00am-12:15pm  
Campers are entering Kindergarten through completing 5<sup>th</sup> grade                      Monday-Friday  
Staff will also meet for short orientation in June

### **Full-Day Program**

Sites to be determined                      June 28, 2016 – July 29, 2016                      8:00am-3:00pm  
Campers have completed Kindergarten through 5<sup>th</sup> grade                      Monday-Friday  
Staff will also meet for short orientations in June  
Pool Counselor hours are 9:00am-2:30pm and work at both Junior Lake Pool and Brian Slavin Pool each day

### **Travel Camp Program**

July 5, 2016 – July 29, 2016                      (Staff hours will vary per trip)  
Campers have completed 5<sup>th</sup> through 8<sup>th</sup> grade                      Monday-Friday  
Staff will also meet for short orientation in June

### **Adventure Camp Program**

July 5, 2016 - July 29, 2016                      (Staff hours will vary per trip)  
Campers have completed 5<sup>th</sup> through 8<sup>th</sup> grade                      Tuesday-Thursday only  
Staff will also meet for short orientation in June

### **Cheer Camp**

July 5, 2016 – July 29, 2016                      8:30am to 12:00pm  
Yorktown Community Cultural Center                      Monday-Friday  
Campers are entering grades 1 through 8  
Staff will also meet for short orientation in June



# TOWN OF YORKTOWN PARKS & RECREATION APPLICATION FOR SEASONAL EMPLOYMENT

COMPLETE APPLICATION AND REFERENCES AND RETURN ALL DOCUMENTS TO:  
**YORKTOWN PARKS & RECREATION DEPARTMENT**  
**176 GRANITE SPRINGS ROAD, YORKTOWN HEIGHTS, NY 10598**

NAME LAST	FIRST	MIDDLE	SOCIAL SECURITY #
ADDRESS			HOME # ( ) CELL # ( )
CITY		STATE	ZIP

Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what age: ____ Minimum age for hire: <b>16</b>	Are you a Westchester County Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail address _____
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EDUCATION				Dates attended	Date degree received
	Name & Location	Course/ Major	Type of degree	From/To	or expected
HIGH SCHOOL					
COLLEGE OR POST HIGH SCHOOL					
GRADUATE SCHOOL					

Certificates or Special Training \_\_\_\_\_

**EMPLOYMENT HISTORY** (Up to last 5 years)

NAME & ADDRESS OF EMPLOYER	FROM MO./YR.	TO MO./YR.	KIND OF WORK OR POSITION	SALARY	REASON FOR LEAVING

Do you have any computer skills? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____	Keyboarding skills? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> WPM	Can you operate any other equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____
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In addition to English, are you fluent in any other language?  Yes  No If yes, specify: \_\_\_\_\_

Have you worked for Westchester County government before?  Yes  No Which Department: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Check job preference applying for:

1. Day Camp: Director <input type="checkbox"/> Specialist <input type="checkbox"/> Counselor <input type="checkbox"/> Pool Counselor <input type="checkbox"/> CIT <input type="checkbox"/>
2. Cheer Camp: Director <input type="checkbox"/> Counselor <input type="checkbox"/> CIT <input type="checkbox"/>
3. Lifeguard <input type="checkbox"/> (see below)
4. Pool Checker <input type="checkbox"/>
5. Park Maintenance <input type="checkbox"/>
6. Program Staff <input type="checkbox"/>

**For Lifeguard Only**      **Check Below:** (Indicate certification & expiration dates)

Lifeguard Training/ First Aid	Lifeguarding/ First Aid	CPR/AED for the Professional Rescuer	Instructor Certifications LGI R. 06 WSI R.06 CPR/AED	Waterfront or Waterfront Lifeguarding	Headguard or Lifeguard Management
EXPIRES _____	EXPIRES _____	EXPIRES _____	EXPIRES _____	EXPIRES _____	ISSUE DATE _____

ALL APPLICANTS MUST PARTICIPATE IN THE RECREATION DEPARTMENT **WATER SKILLS TEST**.  
THE DATE WILL BE ANNOUNCED IN THE SPRING AND WILL TAKE PLACE AT ONE OF THE MIDDLE SCHOOL POOLS.

<b>FOR ALL APPLICANTS: Dates available to work</b>  From ____ / ____ / ____ To ____ / ____ / ____ <small>Month / Day      Month / Day</small>	<b>Do you have a Driver's License?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Type</b> _____  <b>Will you have access to a car for work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Where did you hear about this program/job?

Comments:

1. WERE YOU EVER DISMISSED OR DISCHARGED FROM ANY EMPLOYMENT FOR REASONS OTHER THAN LACK OF WORK OR FUNDS? YES \_\_\_ NO \_\_\_
2. DID YOU EVER RESIGN FROM ANY EMPLOYMENT RATHER THAN FACE DISMISSAL? YES \_\_\_ NO \_\_\_
3. DID YOU EVER RECEIVE A DISCHARGE FROM THE ARMED FORCES OF THE US WHICH WAS OTHER THAN HONORABLE, OR WHICH WAS ISSUED FOR OTHER THAN HONORABLE CIRCUMSTANCES? YES \_\_\_ NO \_\_\_
4. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (MISDEMEANOR OR FELONY)? YES \_\_\_ NO \_\_\_  
(GIVE DETAILS)
5. HAVE YOU EVER FORFEITED A BAIL BOND POSTED TO ANSWER ANY CRIMINAL CHARGE? YES \_\_\_ NO \_\_\_  
(GIVE DETAILS)
6. ARE YOU NOW UNDER CHARGES FOR ANY CRIMINAL OFFENSE(MISDEMEANOR OR FELONY)? YES \_\_\_ NO \_\_\_  
(GIVE DETAILS)

**IF YOU ANSWERED "YES" TO ANY QUESTIONS ABOVE, YOU MUST PROVIDE AN EXPLANATION ON AN ATTACHED PIECE OF 8 1/2 X 11 PAPER.** None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION AND CRIMINAL RECORDS CHECK.**

**THIS AFFIRMATION MUST BE COMPLETED:** I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification.) This application may be used for review by the prospective appointing authority as part of a background investigation.

**PURSUANT TO 210.45 OF THE NEW YORK STATE PENAL LAW, IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.**

For county employment: in accordance with Westchester County's comprehensive drug-free workplace policy & procedures, and commitment to maintain a safe, alcohol and drug-free work environment, you may be required to submit to urinalysis, breath and/or blood test. In addition, if offered employment, you will be subject to the Westchester County fingerprinting policy under which your appointment may be conditioned on the results of a fingerprinting investigation.

DATE: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

**IF UNDER AGE 18, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED.**

"I have read my child's/ward's completed application form and hereby give my permission for him/her to be hired by Westchester County for the purpose of Seasonal Employment and I further give my permission for him/her to receive emergency medical treatment if necessary. If at any time I revoke this permission, I will do so in writing to the Westchester County Department of Human Resources, and upon receipt by the Department of Human Resources of said revocation my child's/ward's employment shall be terminated".

By my signature below, I hereby give my permission for \_\_\_\_\_ to submit to urinalysis, breath, and/or blood test as a condition of Seasonal Employment with Westchester County in accordance with Westchester County's comprehensive drug-free workplace policy & procedures.

DATE: \_\_\_\_\_ SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_



**The Town of Yorktown is an Equal Opportunity Employer.**

# Yorktown Parks & Recreation Department

176 Granite Springs Road, Yorktown Heights, NY 10598-3306

Personal reference for: \_\_\_\_\_

The above individual is applying for a \_\_\_\_\_ position with the Town of Yorktown Parks & Recreation Department. Your name has been listed as a reference. Please indicate your feelings regarding this individual in relation to his/her potential performance as a summer camp staff member by completing the information below. All references will be kept confidential. Please return to the above address ASAP. Thank you for your assistance.

Sincerely,

*Erin Mantz*

Assistant Superintendent

	NEEDS IMPROVEMENT	SATISFACTORY	SUPERIOR	NO OPINION
Ability to accept responsibility	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Ability to take initiative	_____	_____	_____	_____
Judgment	_____	_____	_____	_____
Trustworthiness	_____	_____	_____	_____
Ability to follow directive	_____	_____	_____	_____
Commitment	_____	_____	_____	_____

How long and in what capacity/relationship have you known the applicant? \_\_\_\_\_

Do you recommend this person for hire? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Additional comments: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINT

PHONE: \_\_\_\_\_ RELATION TO APPLICANT (no relatives): \_\_\_\_\_

OFFICE USE ONLY:

Reference Check Completed: \_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

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Sincerely,

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Assistant Superintendent

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Leadership	_____	_____	_____	_____
Ability to take initiative	_____	_____	_____	_____
Judgment	_____	_____	_____	_____
Trustworthiness	_____	_____	_____	_____
Ability to follow directive	_____	_____	_____	_____
Commitment	_____	_____	_____	_____

How long and in what capacity/relationship have you known the applicant? \_\_\_\_\_

Do you recommend this person for hire? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Additional comments: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINT

PHONE: \_\_\_\_\_ RELATION TO APPLICANT (no relatives): \_\_\_\_\_

OFFICE USE ONLY:

Reference Check Completed: \_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE