



Bristol Township

APPLICATION FOR SUMMER RECREATION COUNSELOR EMPLOYMENT

Bristol Township is an Equal Opportunity Employer. Federal and State laws prohibit discrimination in employment because of race, color, religion, age, sex, national origin, individual handicap or veterans' status. No question on this application is intended to elicit information for a discriminatory purpose.

State law requires individuals less than eighteen (18) years of age to provide an employment certificate from an authorized school district official.

PLEASE READ CAREFULLY AND ACKNOWLEDGE THE FOLLOWING STATEMENTS BY SIGNING YOUR NAME BELOW:

I authorize investigation by Bristol Township of all statements contained in this application. I permit Bristol Township to examine my references, record of employment, education record, and any other information I have provided. Further, some safety-sensitive positions in the Township may require a detailed background and/or credit check and I authorize Bristol Township to conduct such investigations if required. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release Bristol Township, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure information can be ground for rejection of this application or, if I am employed by Bristol Township, for my immediate dismissal from the Township.

I hereby certify that all information given on this application is true and correct to the best of my knowledge. I understand that falsification of any part of this application is grounds for rejection from employment consideration, or if employed, for dismissal.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or Bristol Township.

Applicant's Signature

Date

Applicants must be available for employment from June 15, 2017 thru August 4, 2017.

Please return this application no later than March 29, 2017. Applications will not be accepted after this date.

Bristol Township Summer Camp Counselor Job Description

The Summer Camp Counselor is responsible for planning, leading, programs for children in a small group setting. They will also be responsible for the general safety and development of the participants in his/her group. The counselor will provide high quality outdoor educational and recreational experiences for participants that focus on values of caring, honesty, respect and responsibility.

Essential Responsibilities

Help write and implement a weekly schedule for your camp group.

Organize and lead a variety of small and large group activities each week. Activities may include crafts, songs, games, swimming and outside trips. This includes time spent on the bus.

Identify and respond to camper behavior issues.

Ensure that the site is kept clean, organized, and free of litter.

Communicate with parents about participant's experiences and report concerns to Camp Leaders.

Assist in maintaining accurate program records including incident reports, logbook documentation, and daily attendance.

Know and understand ALL emergency procedures associated with the camp program.

Know, enforce, and follow all safety guidelines associated with the camp and all program areas. This includes but is not limited to being responsible for your campers' safety and their whereabouts at all times.

Help guide Counselors in Training to have a deeper understanding of leadership.

Requirements

Upon hire, completion of Bristol Township provided First Aid and CPR certification.

Provide all clearances to work with children

Ability to lead, plan, organize, and implement program activities.

Ability to work as a member of a team and the ability to accomplish tasks with little direct supervision.

Strong organizational and communication skills.

Physical Demands

Must have the physical ability to lead and participate in camp activities.

PRINT LEGIBLY

PERSONAL INFORMATION

Last Name _____		First Name _____		M.I. _____
Address _____		City _____	State _____	Zip Code _____
Home Phone _____	Cell Phone _____	Email Address _____		
Social Security Number _____		Driver's License Number/State _____		
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you been employed with Bristol Township in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, under what name(s)? _____)				
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If selected for employment, are you willing to submit to a pre-employment drug screening test? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EDUCATION

	SCHOOL NAME	LOCATION	# OF YEARS ATTENDED	DEGREE RECEIVED	MAJOR
SECONDARY					
COLLEGE					
OTHER					

Do you possess a GED (General Educational Development) in lieu of a high school diploma?
 Yes No

If yes, provide the following information:

Name and Address of Issuing Agency

Date Issued

List other training, certificates, licenses held, including proficiency in foreign languages:

EMPLOYMENT EXPERIENCE

Start with your present or last job (include additional sheets if needed). Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin. You may attach a resume with your application, but this section must be completed.

Present or Last Employer

Name: _____ Job Title: _____
 Address _____ Supervisor's Name: _____
 Dates Employed: _____ Supervisor's Telephone Number: _____
 Rate of Pay/ (hr/month/week): _____
 Start _____ End _____
 Type of Work Performed: _____
 Reason for Leaving: _____
 May we contact this employer? Yes No

Name: _____ Job Title: _____
 Address _____ Supervisor's Name: _____
 Dates Employed: _____ Supervisor's Telephone Number: _____
 Rate of Pay/ (hr/month/week): _____
 Start _____ End _____
 Type of Work Performed: _____
 Reason for Leaving: _____
 May we contact this employer? Yes No

REFERENCES

List at least three (3) professional references with knowledge of your work performance:

Name	Title	Company	Telephone	Email (if known)

Bristol Township Summer Camp Health History

Counselor Name		Age	Grade	Birth date
Parent/Guardian		Home Phone		Work Phone
Home address		City	State	Zip
Emergency Contact		Relationship		Phone
Emergency Contact		Relationship		Phone
Physician	Phone	Dentist		Phone
Medical Insurance Carrier		Group/Policy Number		

Health History: (Check – giving approximate dates)

General Health

- Frequent Ear Infections
- Heart Defect/Disease
- Convulsions/Seizures
- Diabetes
- Bleeding/Clotting Disorder
- Mental/Social Handicap
- Glasses/Contacts
- Hearing Problems
- Special Diet Needs: _____

Allergies

- Hay Fever
- Ivy Poisonings, etc.
- Insect Stings
- Penicillin
- Other Drugs
- Foods: _____
- Other: _____

Diseases

- Asthma
- Measles
- German Measles
- Mumps
- Hepatitis/Jaundice
- Other: _____

Operations or serious injuries (dates/describe) _____

Chronic or recurring illness _____

Other diseases or details from above _____

Current medications _____ Will it be sent to camp? _____

ANY OTHER INFORMATION YOU WOULD LIKE TO PROVIDE:

IMMUNIZATION INFORMATION: Date of last Tetanus injection: _____

Parent/Guardian's Authorization:

This health history is correct so far as I know. I hereby give permission for my child to be treated in an emergency if I am unable to be reached. This form may be photocopied for use out of camp. If counselor is under the age of 18 form must be signed by parent or guardian.

Signature _____ Date _____

This year I would like the counselors to select a fun camp theme and plan the camp activities and programs around that theme. After giving this important topic of "THEME" some thought, complete the following camp plan:

"My Camp Plan"

Camp Theme:

Group/Counselor Name Ideas:

Special Program (may be/not be related to theme):

Guest Speaker Ideas:

Recreation Ideas:

Camp Craft or Activity Ideas:

Other Suggestions:

All About You

1. Have You Ever Been A Camp Counselor? No Yes Bristol Township or
Other _____ (please specify)

If So How Many Years? _____

What Age Group Do You Prefer To Counsel?

Ages range from 6-14 _____

1. List any experience you have working with children.

2. List any volunteer or leadership roles you have done for your community.

3. Do you have any special skills or are you certified in any skill areas? (CPR, First Aid, swimming, language, leadership training, sports, etc.) You had or have.