



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Cortland County Family YMCA Summer Adventure Camp Application

Name: _____ Age: _____

Education and Applicable Experience: _____

My favorite camp activity is: _____

One talent I bring to camp is: _____

A great week at day camp should include: _____

What leadership experience do you have: _____

What age groups have you worked with: _____

Do you have experience working with children in inclusion-friendly programs: ___ Yes ___ No

Why do you want to work for the YMCA's summer camp: _____

Why are you a good role model: _____

How do you exemplify the YMCA's core values of Honesty, Caring, Respect, and Responsibility:



Camp Program Skills

In the following list, put a “T” before those activities you can organize and teach as an expert and an “A” for those activities in which you can assist. Put a “C” after those in which you have current certification and attach a copy of your certification.

Rock Climbing <input type="checkbox"/> climbing <input type="checkbox"/> Belaying <input type="checkbox"/> Traverse Wall Arts <input type="checkbox"/> drawing/painting <input type="checkbox"/> basic crafting <input type="checkbox"/> photography <input type="checkbox"/> writing Drama <input type="checkbox"/> clowning <input type="checkbox"/> theater Sports/Fitness <input type="checkbox"/> aerobics/exercise <input type="checkbox"/> baseball/softball <input type="checkbox"/> basketball <input type="checkbox"/> dance <input type="checkbox"/> football <input type="checkbox"/> informal games <input type="checkbox"/> soccer <input type="checkbox"/> volleyball	Health/Safety <input type="checkbox"/> CPR <input type="checkbox"/> first aid <input type="checkbox"/> lifeguard Music <input type="checkbox"/> singing <input type="checkbox"/> instrument (list) <input type="checkbox"/> DJ Nature <input type="checkbox"/> astronomy <input type="checkbox"/> birds <input type="checkbox"/> environmental studies <input type="checkbox"/> flowers <input type="checkbox"/> forestry <input type="checkbox"/> insects <input type="checkbox"/> rocks/minerals <input type="checkbox"/> hiking <input type="checkbox"/> wildlife safety	Miscellaneous <input type="checkbox"/> farming/gardening <input type="checkbox"/> foreign language <input type="checkbox"/> leadership development <input type="checkbox"/> radio/TV/video <input type="checkbox"/> storytelling <input type="checkbox"/> team building <input type="checkbox"/> computer programming <input type="checkbox"/> STEM activities Other: <hr/> <hr/> <hr/> <hr/> <hr/>
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Cell Phone/Mobile Device Use

Access to and use of personal mobile devices, including computers, phones, and tablets, will be restricted to staff time off. Devices will be kept in the office, and accessible only during time off.

Will you agree to adhere to this policy? Yes No

Signature

Date