

**COMPLETE AND RETURN TO:**

Carlisle Family YMCA  
311 South West Street  
Carlisle, Pennsylvania 17013  
Phone: 717-243-2525  
Fax: 717-243-9293



**APPLICATION FOR ALL RETURNING STAFF  
JUNIOR & SENIOR COUNSELORS**

*Please print of type your answers:*

**PERSONAL:**

Name \_\_\_\_\_  
Last First Middle

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_ Phone \_\_\_\_\_  
No. Street Area Code - Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_  
No. Street Area Code - Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you able, with reasonable accommodation, to perform the essential elements of the job for which you are applying? \_\_\_\_\_

Which camp(s) are you interested in working with: \_\_\_\_\_

Are you legally authorized to work in the U.S.? (Please circle one) Yes No

Inclusive dates you would be able to work \_\_\_\_\_

Have you ever been convicted of a crime? Yes No

If yes, describe in full. \_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

Circle year or grade you will have completed by the end of JUNE, 2010:

11-12  
High School

1-2-3-4  
College

1-2 MA, MS, PhD  
Post Graduate

High School/College(s) you are currently attending \_\_\_\_\_

For what profession are you preparing? \_\_\_\_\_

Degree(s) Earned Concentration \_\_\_\_\_

The following are camp program skills: **Put "1"** before those activities you have an interest in; **"2"** to indicate those activities with which you have experience; **"3"** before those activities you can organize and teach.

Archery	Swimming	Other:
Astronomy	Wilderness Tripping	-
Backpacking	Mountain Biking	-
Canoeing	Rock Climbing	-
Drama	Song Leading	Musical Instruments (List All):
Ecology/Nature	Sports	-
Fishing	Cooking	-
Games	Arts & Crafts	-
Hiking	Teambuilding	-
Kayaking	Sailing	-
<b>Certifications/Training</b>		<b>Expiration Date</b>
Lifeguard Training		
Water Safety Instructor		
Advanced First Aid		
Standard First Aid		
CPR		
Community CPR		

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_