



YMCA

We build strong kids,  
strong families, strong communities.

Dear Applicant:

Thank you for your interest in working for the YMCA of McHenry County – Camping Services. In this packet you will find our staff application as well as a voluntary disclosure statement. Please complete the entire application and disclosure statement and click the submit button at the bottom of the last page. Should this not work, you may either print the document as a PDF and email it directly to me at [littleg@ymcaofmchenrycounty.org](mailto:littleg@ymcaofmchenrycounty.org) or print a hard copy and mail it to the address listed on the application. Once you have completed the application please print three copies of the reference form and have them completed by the references and have them mail them back to me.

Once we have received your completed application and references you will be contacted for an interview. Prior to your interview, a member of our leadership team will be contacting you to schedule an informal introduction. The leadership team member is a seasonal employee who has served in the role that you are applying for and will be calling to talk about the great things that happen in our camps. This is a great time to ask questions about the day to day happenings at camp and to prepare yourself for your official interview.

Thank you again for applying to camp. Should you have questions please do not hesitate to call me at 815.459.4455 or email at the above address.

Sincerely,

Graham Little

YMCA of McHenry County ▪ 701 Manor Rd ▪ Crystal Lake, IL 60014  
▪ Phone: 815.459.4455 ▪ Fax: 815.459.5101

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all



Please return to:  
 YMCA of McHenry County  
 701 Manor St  
 Crystal Lake, IL 60014  
 Attn: Graham Little  
 Fax #: 815.459.5101

**YMCA of McHenry County – Camping Services  
 Staff Application**

Date of Application \_\_\_\_\_  
 Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
 Permanent Address, City, State, Zip: \_\_\_\_\_  
 School Address, City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Which camp program are you applying for? (Check one):**

- Triple R Day Camp  YMCA of McHenry County  Discovery Preschool Camp  No Preference

**What position are you applying for? (Check all that apply):**

- Camp Counselor  Unit Leader  Sports Specialist  Arts & Crafts Specialist (YMCA only)  
 Nature/Outdoor Education Specialist  Art Specialist (Triple R only)  Lifeguard  
 Crafts Specialist (Triple R only)  Teambuilding/Core Values Specialist  Maintenance & Grounds

**Do you smoke?**  Yes  No

If yes, will you comply with our non-smoking policy during camp hours?  Yes  No

**What, if any, reasonable accommodations can be made to help you perform the functions of your job?** \_\_\_\_\_

**Past Work History**

Please complete this section to include your last 10 years of employment and volunteer work. Explain any gaps in your employment. Use a separate form if needed.

Dates	Employer/Supervisor	Address & Phone	Nature of Work	Reason for Leaving

Please indicate any employer you do not want us to contact, and the reason \_\_\_\_\_

\_\_\_\_\_

## References

Give names and addresses of three people (not relatives) who can testify to your character, experience, work habits, and ability. These individuals will need to complete the additional reference forms.

Name	Address & City	Phone

## Camp Experience

Dates	Camp & Director	Location	Camper or Staff?

## Education (High School & Beyond)

Years	School	Major Subjects	Degree Granted

**Special Camp Program Skills:** Please check the items you would feel competent teaching.

Challenge Course  
Drawing/Painting  
Birds  
Canoeing  
Kayaking  
Flowers  
Football

Hiking  
Insects  
Dance  
Orienteering  
Aerobics/Exercise  
Drama  
Nature Studies

Archery  
Soccer  
Woodworking  
Weather  
Basketball  
Tennis  
Swimming

Leathercraft  
Baseball  
Volleyball  
Storytelling  
Singing  
Lifeguarding  
Astronomy

**Please answer the following questions:**

How did you hear about this summer camp position? \_\_\_\_\_

Have you ever been employed by the YMCA? If yes, where? \_\_\_\_\_

**Please answer the following questions:**

1. What makes you the ideal candidate for the job?

2. What values and skills do you think a camper should obtain from a quality summer camp program?

3. What contributions will you make to the team approach used in Camping Services at the YMCA of McHenry County?

4. A camper in your group is showing no interest in activities, seems unhappy, and is having difficulty making friends. What approach do you take to this situation? How do you ensure this camper has an ideal experience?

5. Describe a situation when you were faced with a difficult decision. What was your ultimate decision? How did you determine what was the appropriate action to take? Were you satisfied with the outcome?

6. As a child, who were your role models? What qualities does a role model exhibit? How will you display these qualities while at camp?

I certify that all 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 misrepresentations or omission of fact on this form is cause for disqualification of employment or dismissal if hired.

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Applicant Signature

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Date

**Voluntary Disclosure Statement**

Developed and approved by the American Camp Association



We build strong kids, strong families, strong communities.

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
First Last

Home address \_\_\_\_\_  
Street Address City State Zip

Social Security # \_\_\_\_\_ Other names by which known (e.g., maiden name) \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone (if applicable) \_\_\_\_\_

Cell phone (optional) \_\_\_\_\_ E-mail address (optional) \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address City State Zip

School Address \_\_\_\_\_  
Street Address City State Zip

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

1. Previous residence(s) for last five years (include college and home residences):

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

(Continue on separate sheet, if necessary.)

2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?

Yes  No

If yes, please explain: (Use a separate sheet, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?

Yes  No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes.

If yes, please explain: (

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4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?

Yes  No

If yes, please explain:

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5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?

Yes  No

If yes, please explain:

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6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?

Yes  No

If yes, please explain:

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I understand that:

- a) The camp may deny employment to any person who answers "yes" to any one of questions 2-6. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment may be terminated immediately.
- b) The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
- c) The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
  - 1) have a history of complaints of abuse of a minor;
  - 2) have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
  - 3) have falsified or omitted information in this disclosure statement.
- d) This disclosure statement must be updated yearly.

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

Signature of Minor's Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_