



Greetings from Camp!

We hope this letter finds you well and enjoying life. At Camp we are busy planning some exciting new programs and registering campers for next summer!

Feel free to call us at 508-428-2571 if you have any questions or would like to discuss what position to apply for. Please fax us at 508-420-3545, **email** or mail us the completed application, along with the CORI and SORI forms.

We look forward to hearing from you soon!

In the Spirit of Camping,

Rachel Grostern
Camp Hayward Director

Hiran Silva
Camp Burgess Director

P.S. All lifeguards get paid an additional \$5 per week for their services!

Choosing which position to apply for is an important decision. Different roles require different skills and will impact your summer experience. Please think carefully about which position you would like to apply for as well as which you have the skills to perform (For counselors explain why you are skilled to teach your chosen interest groups). All positions listed below are open for applications:

Cabin Counselor	Van Driver
Kitchen Staff	Arts and Crafts Director
Maintenance Staff	Pontoon Boat Driver
OP Director	Nature Director
Assistant OP Director	Program Director
Waterfront Director	CIT Director
Assistant Waterfront Director	Wellness Director
Boating Director	Horseback Director
Assistant Boating Director	Assistant Horseback Director
Office Manager	Unit Leader
Adventure Trip Leader	Spring Outdoor Education Instructor

Interest Group Positions	Interest Group preference 1-5 (1 being most preferred)
*Swimming	
*Sailing	
OP	
*Kayaking	
*Windsurfing	
*Canoeing	
Landsports	
International Sports	
Dance	
Drama	
Arts and Crafts	
Nature	
Ceramics	
Music	
Horseback	
Media	
Wellness	
Singing	
Tennis	
Martial Arts	
Cooking	
Please list any other IG ideas that you are willing and able to teach:	

*all those with lifeguarding certifications are given priority for these interest groups

Camp Burgess & Hayward Re-application Form

South Shore YMCA Camp Burgess & Hayward
75 Stowe Road, Sandwich MA, 02563
(Fax)508-420-3545 (Phone) 508-428-2571 camp@ssymca.org

Name: _____ Telephone (inc. country code): _____

Address: _____

Street

Apt#

City

State

Zip Code

Country

E-mail: _____ Birthday: _____ Social Security #: _____

mm/dd/yy

US Numbers **only**

Have you ever been convicted of a felony or crime, including child abuse? Yes No

What position(s) are you applying for? _____

List any certifications you have and when they each expire (First Aid, Lifeguard, Archery...) _____

Resource staff training begins Saturday June 12th, 2010. Staff training begins Saturday June 19th. Session 4 ends on Friday August 20th. All staff must work from the first day of training until the last day of Session 4. If you cannot, please contact us at 508-428-2571 x 110 or 104.

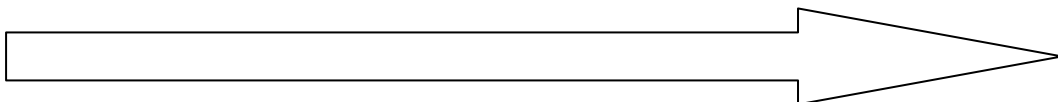
Specialty camp is from Sunday August 22nd- Friday August 27th.

Can you work this week? Yes No Maybe

Why do you want to come back to Camp in the position for which you have applied? (Counselors, please include your Interest Group preference choice and why)

Please describe your current work, voluntary and extra curricular activities.

Please turn over...



What areas do you feel you need to work on to reach your full potential as a staff member?

Why should Camp rehire you?

I have applied for employment with the South Shore YMCA Camps by completing this application. I understand that the Camps may wish to contact State and Local Police, my former employers, educational instructors, and references to inquire about my past records and characteristics. I understand that the purpose of this inquiry will be to obtain information so that my qualifications may be reviewed and my application considered. In signing this application, I attest that I have no criminal convictions (including child abuse), and expressly authorize the South Shore YMCA or its agent, to make inquiries of State and Local Police, my former employers, educational instructors and references, in order to obtain such information. I further authorize State and Local Police, my former employers, educational instructors and references to furnish the South Shore YMCA with such information. I understand and accept that any employment is "at will". Either employer or employee may terminate employment at any time with or without cause.

Signature: _____ Date: _____

The South Shore YMCA Camps is an equal opportunity employer, and subscribes to the principle of full inclusion in the Camp constituency regardless of race, creed, color, national origin, or handicap.



South Shore YMCA SORI Request Form

SORI REQUEST FORM

The Commonwealth of Massachusetts Sex Offender Registry Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.* All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

APPLICANT/EMPLOYEE INFORMATION (Please Print CLEARLY)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (if applicable) Employee Signature

DATE OF BIRTH ___/___/___ SOCIAL SECURITY #: ___-___-___

ADDRESS: _____

REQUESTED BY: 
SIGNATURE OF SORI AUTHORIZED EMPLOYEE

General Staff CORI

Dept _____ Branch _____

Supervisor _____

SSYMC
FE836

GENERAL STAFF CORI REQUEST FORM

The South Shore YMCA has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data as an applicant/employee for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (Please Print)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (if applicable)

PLACE OF BIRTH

DATE OF BIRTH _____ SOCIAL SECURITY #: _____ - _____ - _____
(Requested but not required)

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

* THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION _____

REQUESTED BY: 

SIGNATURE OF CORI AUTHORIZED EMPLOYEE