



Welcome Junior Counselors!

Thank you for considering being an essential part of making the Newport County YMCA Summer Camp in Middletown and YMCA Camp Sandywoods in Tiverton the best that they can be!

Being a Junior Counselors will help teens acquire skills and knowledge to help them prepare for working with children while being in a leadership role. Junior Counselors will learn to manage different camps, plan activities, be a mentor for campers and learn leadership skills that will be used long after the summer has ended. They will be able to enjoy many of the camp activities and be mentored by a Senior Camp Counselor.

After submitting the Junior Counselor application and one written professional reference (Teacher, Guidance Counselor, etc) you will be contacted to schedule an interview with one of our camp directors. This program will only be offered to participants who are selected through the interview process. Junior Counselors must commit to at least 3 full weeks (or more if requested) over the course of the summer and attend 20 hours of staff training in June (dates TBA). If you have any questions at all about the process or what being a Junior Counselor entails, please contact me with directly.

Thank you again for your interest in this exciting program,
Katy Woolbright
Junior Counselor Coordinator
Email: katyw@newportymca.org
Phone: 401-847-9200 x 117

THIS APPLICATION IS DUE BY JUNE 1, 2012.

PLEASE CIRCLE THE WEEKS THAT YOU ARE INTERESTED IN:

6/25-6/29 7/2-7/6 7/9-7/13 7/16-7/20 7/23-7/27
7/30-8/3 8/6-8/10 8/13-8/17 8/20-8/24 8/27-8/31

PLEASE SELECT THE CAMP YOU ARE APPLYING FOR:

- Newport County YMCA, Middletown
- YMCA Camp Sandywoods, Tiverton

NEWPORT COUNTY YMCA

VOLUNTEER APPLICATION

Applicants for all volunteer openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law.

To help us learn about your experience, abilities, and interests, please complete this Volunteer Application as thoroughly as possible.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Cell Phone No.	Home Telephone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Message/Business No. + Ext. ()
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at previous address:	
Are you over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: (A conviction will not necessarily disqualify you.)		

VOLUNTEER POSITION DESIRED

Type of VOLUNTEER POSITION desired: Summer Camp Junior Counselor	Date Available	
Have you ever applied at the Newport County YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by or volunteered by/at the Newport County YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	
How were you referred to the Newport County YMCA: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> My child will be participating in the YMCA program for which I am applying as a volunteer <input type="checkbox"/> Other (please specify below)		

ACTIVE - U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST			PERSONNEL USE ONLY
Company Name	Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)			
Job Title-Start	Job Title-Final		
Supervisor (Name & Title)			
Company Name	Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)			
Job Title-Start	Job Title-Final		
Supervisor (Name & Title)			

REFERENCE DATA

PROFESSIONAL/PERSONAL REFERENCES WE MAY CONTACT

Name	Address	Area Code	Phone

CERTIFICATION of ACCURACY

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from the volunteer position or removal of my application from consideration. I authorize the Newport County YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from.

Initial

If accepted as a volunteer by the YMCA I will abide by the Newport County YMCA policies and rules.

Initial

If I am accepted as a volunteer at the Newport County YMCA I understand my volunteer position can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that, other than the C.E.O. of the Newport County YMCA no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the C.E.O. of the YMCA has the authority to make any agreement contrary to the foregoing and then only in writing

Initial

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

Applicant Signature

Date of Application