

Town of Poughkeepsie Recreation Department

1 Overocker Road
Poughkeepsie, NY 12603

Phone (845)485-3628
Fax (845)485-3616

2010 Counselor-In-Training Application

Thank you for your interest in Counselor in Training Program with the Town of Poughkeepsie Recreation Department.

The Counselor-In-Training program is a youth leadership development program for 14 and 15 year olds. The program consists of three parts:

- Job Skills Education: Filling out an application, participating in an interview
- Leadership Skills Training: Basic leadership and camp staff skills are taught as part of the mandatory Orientation Session June 29-July1.
- Skill Application: Volunteer for a minimum of three weeks to assist the camp staff at our Greenvale Getaway Camp.

Participants must attend the leadership orientation sessions and then *volunteer* to help in the Day Camp Program for any three camp weeks. **Applicants must be 14 years old by July 1, 2010.**

The costs of this program are underwritten by a Youth Development/Delinquency Prevention grant from the Dutchess County Youth Bureau and the NYS Division for Youth.

Applications received by April 15, 2010 will be reviewed first. Extra consideration will be given for current certification in First Aid, CPR, etc. Please attach copies of the certification.

Great trust is placed in the department by the families of the participants and the town as a whole. Every effort will be made to recruit, select and train the most qualified Counselors in Training available. All applicants can expect that their backgrounds, references and ability to work with youth will be checked.

If you have any questions please contact us at (845) 485-3628.

The mission of the Recreation Department is to improve the quality of life for all residents of the Town of Poughkeepsie by providing park and recreation services that:

- *Foster personal growth and re-creation,*
- *Are innovative, exciting and safe,*
- *Encourage a sense of community and*
- *Responsibly utilize the resources of the Town.*
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COUNSELOR-IN-TRAINING APPLICATION

**Town of Poughkeepsie
Recreation Department
One Overocker Road
Poughkeepsie, NY 12603**

*This application must be completed and signed personally by the applicant. Each question must be answered in full. We are an **Equal Opportunity Employer** and consider all applications for participants without regard to race, color, religion, gender, sexual orientation, national origin, age, physical or mental disability, marital status, veteran status, or any other legally protected status or class.*

Name (First, Middle, Last)		E-Mail Address		
Address		Home Phone Number:		
		Cell Phone Number:		
Weeks Available:				
____ June 29- July 1 (Mandatory Training)				
____ July 5-9 (Week 1)		____ July 26-30 (Week 4)		
____ July 12-16 (Week 2)		____ August 2-6 (Week 5)		
____ July 19-23 (Week 3)		____ August 9-13 (Week 6)		
Are you currently employed?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, may we contact your employer to obtain employment information?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of School Attended	Name and Location of School	Number of Years Completed <i>(do not give dates)</i>	Course of Study	Diploma or Degree Obtained
High School				
List certificates (<i>including CPR, Lifeguard, WSI, First Aid-RTE</i>) and licenses (<i>including driver license</i>) that would support your qualifications for employment. List expiration dates next to each certificate and license.		List your hobbies and extracurricular activities as they relate to a recreation program. Include the areas that you are qualified to instruct or any activities you can do with children that are either sports or non-sports related.		
References: ALL must be by a non-relative over 21 years of age				
Name/Occupation			Phone Number	
Address	City	State	Zip	Years Known
Name/Occupation			Phone Number	
Address	City	State	Zip	Years Known
Name/Occupation			Phone Number	
Address	City	State	Zip	Years Known

Present or Last Employer			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year)		Salary	
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			
Next Previous Employer			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year)		Salary	
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			
Conviction Record Status			
Have you ever been convicted of and/or plead guilty to a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been convicted of and/or plead guilty to a misdemeanor within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered 'yes' to either question, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from consideration by the Town of Poughkeepsie. The nature of the violation and all other appropriate circumstances will be considered. The Town reserves the right to reject individuals for participation based on job-related convictions.			
Date	County/State	Conviction/Explanation	

I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination from the program. I understand that a background check will be conducted which will include an inquiry into the NYS Sex Offender Registry and an inquiry into the NYS Central Registry for Child Abuse and Exploitation. I also authorize investigation of my employment record and references, and any other information contained on this application, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if selected, my participation may be terminated at any time, subject to applicable federal, state and/or local regulations.

Signature of Applicant: _____ Date: _____

I approve my child's participation in this program, agree to the above statement and will support his/her participation.

Signature of Parent or Guardian _____ Date: _____

Parent's Name _____ Phone Number _____