

# Village of Montgomery Summer Camp Employee Application Check List

\_\_\_\_\_ Completed Orange County Employee application available at Village Hall (senior staff & counselor's only).

**Note:** this must be completed yearly.

C.I.T. applications available online.

\_\_\_\_\_ \*Completed Staff Medical Emergency Form.

\_\_\_\_\_ \*Photocopy of updated immunization records.

\_\_\_\_\_ \*3 Personal Reference forms.

\_\_\_\_\_ \*Completed Code of Conduct.

\_\_\_\_\_ \*Photocopy of Driver's License or copy of birth certificate & a photo ID.

\_\_\_\_\_ \*Copies of all degree's, license's & certification's. (CPR/AED & First Aid must be listed on OC Health Dept. preferred list).

\_\_\_\_\_ \*All new applicants must schedule an interview.

(\*) For new applicants only. It is the responsibility of returning staff to keep your information up to date, any changes in personnel info notify camp immediately.

# Counselor in Training Program Application

## VILLAGE OF MONTGOMERY 2024 SUMMER DAY CAMP

Veteran's Memorial Park, 60 Bachelor Street Montgomery, NY 12549

Camp dates Monday July 01 – Friday August 9, 2024

Thursday July 4<sup>th</sup> Camp Closed

Camp hours: 8:30 am – 4:30 pm (hour lunch 12:00-1:00)

**Applications must be received by Friday May 31, 2024**

Registration is open to all 13, 14 & 15 year old's entering High School in the fall 2024

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
(First & Last Name, please print) (mm/dd/yyyy)

Hphone # \_\_\_\_\_ cell phone # \_\_\_\_\_ email: \_\_\_\_\_  
(xxx-xxx-xxxx) (xxx-xxx-xxxx)

Grade attending in Sept. \_\_\_\_\_ School attending in Sept. \_\_\_\_\_

T-Shirt size: YL \_\_\_ YXL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL \_\_\_ AXXL \_\_\_

### Mother's Information:

Name(first/last) \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_

State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

email \_\_\_\_\_

### Father's Information:

Name(first/last) \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_

State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

email \_\_\_\_\_

I give permission to my son/daughter listed above to leave camp grounds during their lunch hour (12:00 pm-1:00pm) to walk to the Village proper for lunch. yes \_\_\_ no \_\_\_

### **MEDICAL INFORMATION: (print) (download or attach copy of current immunization record).**

Alternate emergency contact if above cannot be contacted.

Name \_\_\_\_\_

Phone H \_\_\_\_\_ C \_\_\_\_\_ relationship to camper \_\_\_\_\_

Family Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone no. \_\_\_\_\_

Known allergies \_\_\_\_\_

Current medications \_\_\_\_\_

**PHOTO RELEASE:**

During regular camp activities and during special events pictures are sometimes taken either by camp staff or local publications, I give permission for these pictures to be used in Village bulletins and local newspapers. \_\_\_ yes \_\_\_ no

Parent signature required if under 18 years of age.

In consideration of the Village granting and continuing permission for use of its facilities, programs, and personnel, I hereby authorize my child, whose name appears above, to attend the Summer Recreation Program sponsored by the Village of Montgomery. On behalf of my child, I hereby release the Village of Montgomery, its officers, employees and agents from any and all liability, claims damages, or expense sustained by my child in connection with such participation in the program.

In case of injury while at the program, I give permission for my child to be taken to a hospital for treatment to include evaluation for injuries, x-ray, and any needed emergency care. I understand the group leader will try to contact me in case injury occurs. I have explained to my child that she/he is to obey the Village of Montgomery staff and to follow rules and regulations set by them.

**IMPORTANT NOTICE:** Please be advised that the Village's recreation program is being conducted for the general benefits of the community. Registering your child in the program or advising us of any special situations will help us in running our program. It is however, impossible for the Village to guaranty the health and safety of every child in the program or that Village employees will have knowledge of each and every special situation. The expense of liability insurance would preclude the Village from having this recreational program for the general benefit of the community if a special relationship was legally established with each child.

**If you do not wish to abide by these limits of liability, PLEASE DO NOT REGISTER YOUR CHILD IN THE PROGRAM.**

**CAMP OPERATOR'S DISCLOSURE STATEMENT TO PARENTS AND GUARDIANS**

This children's camp must have a permit to operate from the Orange County Department of Health. The camp is required to be inspected at least twice annually, copies of the inspection reports are on file and available for review at the Orange County Department of Health, Division of Environmental Health, 124 Main Street, Goshen, N.Y.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

(Please print First and Last)

**NOTE: We would appreciate dates being in succession but not necessary.**

**I am available on the following dates:**

**(place a check next to the date available)**

07/01 \_\_\_ 07/02 \_\_\_ 07/03 \_\_\_ 07/05 \_\_\_ 07/08 \_\_\_ 07/09 \_\_\_ 07/10 \_\_\_ 07/11 \_\_\_ 07/12 \_\_\_ 07/15 \_\_\_ 07/16 \_\_\_ 07/17 \_\_\_ 07/18 \_\_\_ 07/19 \_\_\_

07/22 \_\_\_ 07/23 \_\_\_ 07/24 \_\_\_ 07/25 \_\_\_ 07/26 \_\_\_ 07/27 \_\_\_ 07/28 \_\_\_ 07/29 \_\_\_ 08/01 \_\_\_ 08/02 \_\_\_ 08/05 \_\_\_ 08/06 \_\_\_ 08/07 \_\_\_ 08/08 \_\_\_

08/09 \_\_\_

Campers age groups:

Tentative groups (5/6 girls and boys) (7/8 girls) (7/8 boys) (9/10 girls) (9/10 boys) (11/12/13 girls) (11/12/13 boys)

Age Group preference: 1<sup>st</sup> choice; \_\_\_\_\_ 2<sup>nd</sup> choice; \_\_\_\_\_

**Requirements:**

- completed application by May 31, 2024
- current immunization record & medical emergency form
- signed code of conduct
- 3 personal reference forms
- on a separate sheet of paper answer these two questions (50 words or less); Why do you want to be a CIT? What individual characteristics do you have that might make us choose you to be in our CIT Program?  
attend camp on a regular basis 8:30 am – 4:30 pm according to the dates chosen above; must follow CIT rules; expected to be a dedicated, reliable, energetic and a positive person; must assist counselors with supervision of campers and daily operations; serve as a positive role model for campers; must complete all training offered for the CIT program; have fun while doing a great job!

# Village of Montgomery Summer Camp

## Staff Emergency Medical Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please complete the information below to assist us in knowing current information about you. (This confidential information will be shared with camp personnel and/or appropriate health professionals when deemed necessary;

Known Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

### **Emergency Contact Information**

In the event of an emergency, the camp will call parents/guardian first, then follow the sequence below.

#### **Contact:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relation: \_\_\_\_\_ HPhone: \_\_\_\_\_ CPhone: \_\_\_\_\_

### **Physician Information**

Family Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If the camp staff is unable to reach the above Emergency Contact. I do hereby authorize the Summer Camp to call the family physician listed. In the event the physician cannot be reached, I do hereby authorize the Summer Camp to transport me to a hospital emergency room if in the judgment of the camp such emergency treatment seems warranted. The authorization also includes authority to release pertinent medical records needed.

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

(If under 18 year's old parent or guardian signature is required)

**Village of Montgomery Summer Camp Program**  
**Counselor in Training (CIT) Program Personal Reference Form**

Please return to the  
Village of Montgomery  
Attn: Summer Camp Program  
133 Clinton Street  
Montgomery, New York 12549

**Must be completed by a teacher or other adult (not a relative) who has known the applicant for a year or more.**  
**(3 separate forms required)**

Name and phone number of reference: \_\_\_\_\_

Name of candidate: \_\_\_\_\_

For how long and in what capacity have you know the applicant? \_\_\_\_\_

\_\_\_\_\_

Do you find the applicant to be reliable and dependable, why? \_\_\_\_\_

\_\_\_\_\_

Do you feel the applicant would be a positive role model for younger campers? \_\_\_\_\_

\_\_\_\_\_

What are some strengths and weaknesses the applicant possesses? \_\_\_\_\_

\_\_\_\_\_

Any additional comments. \_\_\_\_\_

\_\_\_\_\_

Signature/date of reference \_\_\_\_\_

**Village of Montgomery  
133 Clinton Street  
Montgomery, NY 12549  
Summer Day Camp**

**Code of Conduct for Staff, Counselor's, and CIT's**

It is agreed that by signing this Code of Conduct, you intend to follow its guidelines and content. Behaviors that violate this Code of Conduct can result in immediate dismissal.

While Employed or Volunteer;

I agree to act in a professional manner toward all individuals. I understand that I am representing the Village of Montgomery Summer Camp Program in my capacity as an employee/volunteer. Professional behavior includes the use of foul language or gestures, rude or discriminatory remarks against any gender, religion, or disability.

I agree that I will not post any pictures related to campers during camp on any social media.

I agree to limit my use of phone (cellular), except in the case of a family emergency.

I agree to focus my attention on the camper and not on outside personnel such as boyfriend/girlfriend, social friend, who are prohibited from interrupting my work schedule and duties.

I understand that I am responsible for the welfare of each camper in my group and therefore would not ever leave any camper unattended.

I agree not to smoke while working, or on campgrounds, use of drugs or alcohol while working is prohibited.

All staff members/including volunteers are required to wear sneakers while at camp, the only exception to this rule will be during water day activities. If you are not wearing sneakers, you may be excluded from participating in an activity. We will follow the following guidelines;

If a staff member/volunteer forgets sneakers the **first** time: They are allowed to go home and get them with no consequence.

If a staff member/volunteer forgets sneakers a **second** time; they will lose a minimum of one hour of pay or more depending on the time it takes them to get their sneakers.

If a staff member/volunteer forgets sneakers a **third** time: They will be asked to go home and not return for the day.

\_\_\_\_\_ have read and agree to the content of this agreement.

(Print Name First and Last)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parents Signature if under 18 years old)

\_\_\_\_\_  
(Date)