



YMCA CAMP ERNST STAFF APPLICATION

7615 Camp Ernst Rd. | Burlington, KY 41005
(p) 859.586.6181 | (f) 859.586.6214 | (e) ce@myycamp.org

Hello!

Thank you for your interest in working on the staff at YMCA Camp Ernst. Camp Ernst is Greater Cincinnati's favorite overnight camp. Our programs (for kids ages 6-15) combine safety, creativity, and good clean fun, and include horseback riding, nature, hiking, archery, arts and crafts, swimming, boating, a waterslide, high ropes course, sports, leadership activities, spiritual development and so much more. Counselors must be committed for training times as well as be available for at least 5 camper weeks.

Our application process is as follows:

- Complete the enclosed staff application
- Have 2 non-relatives, such as a teacher, pastor, employer, advisor, etc. fill out the reference forms
- E-Mail Becki Bleikamp (becki@myycamp.org) to reserve an interview spot at our Junior Counselor Interviews on Saturday, March 10th at 9:30am. Please bring your completed forms with you to the interview. Please **do not** mail the application in ahead of time.

For directions or more information about Camp Ernst, please email becki@myYcamp.org or call the office at 859.586.6181. You can also visit our website at www.myYcamp.org.

Thanks,

Becki Bleikamp
Program Coordinator
(e)becki@myYcamp.org
(p)859.586.6181



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TO BE COMPLETED BY THE APPLICANT

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YMCA Camp Ernst strives to promote positive character values of honesty, caring, respect, and responsibility in young people through the healthy development of spirit, mind, body, and friendship. If you are interested in becoming a member of our dedicated staff, please complete this application.

GENERAL INFO

NAME _____ GENDER _____ DOB _____
ADDRESS _____ CITY/STATE/ZIP _____
EMAIL ADDRESS _____ T-SHIRT SIZE _____
HOME PHONE _____ CELL PHONE _____
PARENT(S)/GUARDIAN(S) NAME(S) _____ PHONE _____

EDUCATION

HIGH SCHOOL _____ GRADUATION YEAR _____
COLLEGE _____ EXPECTED GRADUATION _____
EXTRACURRICULARS _____

CAMP EXPERIENCE

YEAR(S)	CAMP	LOCATION	CAMPER/STAFF/VOLUNTEER
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES please list 3 non-relatives

NAME	ADDRESS/CITY/STATE/ZIP	RELATIONSHIP	PHONE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PAST EMPLOYMENT

DATES	EMPLOYER	ADDRESS/PHONE	NATURE OF WORK	SUPERVISOR	REASON FOR LEAVING?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

AVAILABLE DATES

TRAINING DATES:

___ Spring Training: April 27-29

___ Orientation Week: June 3-8

*It is required that you attend at least 1 training, but you're encouraged to attend both if you can.

SUMMER DATES:

___ Week 1: June 10-16

___ Week 2: June 17-23

___ Week 3: June 24-30

___ Week 4: July 1-7

___ Week 5: July 8-14

___ Week 6: July 15-21

___ Week 7: July 22-28

___ Week 8: July 29 - August 4

___ Week 9: August 5-11

Are there any reasons you may have difficulty in performing any of the essential functions of the job in which you are interested? _____

Do you use any Tobacco products? Yes / No
 Do you have any tattoos? Yes / No
 Do you have any body piercing (simple earrings excepted)? Yes / No
 Have you ever been convicted of a crime relating in any manner to children and/or your conduct with them? Yes / No
 If yes, please explain (use another sheet if necessary).

If yes, are you willing to quit for the summer? Yes / No
 If yes, are you willing to conceal them? Yes / No

ACTIVITY SKILLS

Please check any of the activities you would be comfortable leading this summer. Leave the other ones blank. Training in specific activities will take place during Spring Training and Orientation Week.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Lifeguarding | <input type="checkbox"/> Rifery | <input type="checkbox"/> Boating | <input type="checkbox"/> Group Initiatives |
| <input type="checkbox"/> Ropes Course | <input type="checkbox"/> Crafts | <input type="checkbox"/> Nature | Other: _____ |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Sports and Games | <input type="checkbox"/> Fishing | |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Swimming | <input type="checkbox"/> Outdoor Skills | |

CERTIFICATIONS

Please list any expiration date of any of the following certifications you hold. Please also include copies of your certification cards.

Lifeguarding _____ First Aid _____
 CPR _____ Other _____

COUNSELOR SKILLS

These are some core skills for counselors at camp. Please check the skills you feel confident in. The other spaces can be left blank.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Song Leading | <input type="checkbox"/> Chapel Services |
| <input type="checkbox"/> Skit Performances | <input type="checkbox"/> Group Games | <input type="checkbox"/> Cabin Devotions | |

BIOGRAPHICAL INFORMATION

1. Write a brief biological sketch including camping experiences, responsibilities, and character information:

2. Why do you want to work at camp considering the pay and long hours?

3. What contribution do you think you can make at camp?

4. What contribution do you think a well-run camp can make to children?

I certify that all information herein is true and represents me clearly (parent must sign if applicant is under 18).

SIGNATURE

DATE

PARENT SIGNATURE (if under 18)

DATE



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APPLICANT'S NAME _____

The individual above has applied for a position of significant influence with boys and girls ages 6-15. Would you please help us consider this person's relevant qualifications?

RESPONSIBILITY 1 2 3 4 5 6 7 8 9 10 can always be counted on.
Comments:

INITIATIVE 1 2 3 4 5 6 7 8 9 10 can consistently make things happen!
Comments:

RELATES WELL WITH CHILDREN 1 2 3 4 5 6 7 8 9 10 always considerate of others & attentive to needs.
Comments:

CREATIVITY 1 2 3 4 5 6 7 8 9 10 full of great ideas!
Comments:

TEAM PLAYING 1 2 3 4 5 6 7 8 9 10 can get along with anyone.
Comments:

CHARACTER 1 2 3 4 5 6 7 8 9 10 has the highest of morals.
Comments:

WHAT IS YOUR RELATIONSHIP & HOW LONG HAVE YOU KNOWN THE APPLICANT?

DO YOU THINK THE APPLICANT CAN BE TRUSTED TO WORK WITH CHILDREN?

FURTHER COMMENTS:

REFERENCE NAME _____ PHONE NUMBER _____



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