



Camp Auxilium

14 Old Swartswood Road
Newton, New Jersey 07860
Phone: 973-383-2621 • FAX: 973-383-3214
www.campauxilium.org



March 2017

Dear Applicant,

We are seeking counselors and staff who will commit to serving at Camp Auxilium for the duration of the Camp season. No counselor or staff member may take vacation time during their term of employment.* If you are able to make this commitment, then please apply.

Our camp season will begin on Monday, June 19th, and conclude on Friday, August 4th.

Please complete the application packet for employment or volunteer positions at Camp Auxilium Summer Camp. This packet includes the:

- Application and Policy Agreement Form
- Health Form
- W-4 Form
- Form I-9: Employment Eligibility Verification (See attached for more details)

New Counselors & Staff: The above forms, along with two letters of recommendation and a brief biographical sketch **MUST** be completed in their entirety before being returned via mail or in person.

Returning Counselors & Staff: The above forms **MUST** be completed in their entirety before being returned via mail or in person (*letters of recommendation and biographical sketch are NOT required for returning counselors and staff*). **All documents should be received no later than APRIL 17, 2017.**

Upon notification of employment, or acceptance as a volunteer, you will receive additional information. This will include detailed information regarding the various training sessions you will be required to attend based on whether you are a new counselor/staff member/volunteer or you have previously worked/volunteered for us.

Mandatory counselor training sessions:

New Staff Only: Friday, June 9th (5:30 – 8:30 PM)

ALL Staff: Saturday, June 10th (full day 8:30 AM – 4:30 PM)

Sunday, June 11th (12 – 4 PM)

Friday, June 16th (3 PM)

ALL **NEW** staff members/counselors/volunteers are required to be fingerprinted by **June 1, 2017**. Please do not get fingerprinted prior to an offer of employment or acceptance as a volunteer. ALL staff members/counselors/volunteers need **current** certification in CPR and First Aid. We will have classes for those who need to be certified (cost TBA): **CPR/First Aid on Monday, June 5th (5-9 PM) & Protecting God's Children on Tuesday, June 6th (6-8 PM).** *If you are currently certified, please submit a copy of your certification cards with this application.*

As you complete the section stating the age and camp group you feel you would be best suited to work with, please note there is no guarantee that you'll get the age/group requested. (Learning Center, Boys or Girls). We will do our best to place you where you can serve the best.

Sincerely,

Sister Liz Ryan
Camp Director

***Camp administration reserves the right to adjust hours and roles assigned in response to changes in camp enrollment in the course of the season.**

- Due to economic circumstances this year, all summer staff salaries are frozen at the 2016 summer rate. Only those earning under \$9 will receive a 2% increase.
- Compensation for volunteers or those receiving a stipend will be determined on an individual case basis.



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Camp Staff Application 2017

Please print clearly.

Adapted from American Camping Association Form FM107

What type of position are you applying for (please circle one)? **COUNSELOR** **OTHER STAFF MEMBER** **VOLUNTEER**

Name _____ Social Security Number _____

E-mail _____ Date of Birth _____ Age _____

Permanent Address _____

Home Phone _____ Cell Phone _____

Driver's License # _____ State _____ Expiration Date _____

Name of Current School or Business _____ Phone _____

Address _____

If you are applying to be a counselor, then please indicate which camp you would like to work with:

Learning Center Camp: (Age 3 yrs – Kinder) Age level: _____

Boys' Day Camp: (Grades 1 through 6) Age level: _____

Girls' Day Camp: (Grades 1 through 8) Age level: _____

Are you available, without interruption, from Monday, June 19th through Friday, August 4th? YES or NO

Please indicate reasons you may have difficulty in performing any of the essential elements of the job for which you have applied.

Past Employment (List previous two summers or years.)

Start/End Dates: _____ to _____ **Name of Company:** _____

Address: _____ Phone No. _____

Position: _____ Nature of Work: _____

Name of Supervisor: _____ Reason for Leaving: _____

Start/End Dates: _____ to _____ **Name of Company:** _____

Address: _____ Phone No. _____

Position: _____ Nature of Work: _____

Name of Supervisor: _____ Reason for Leaving: _____

****Indicate any employer you do not wish us to contact and the reason:**

Camp Experience

Start/End Dates: _____ to _____ **Name of Camp:** _____

Address: _____ Name of Director: _____

Were you a camper or staff member? _____

Start/End Dates: _____ to _____ **Name of Camp:** _____

Address: _____ Name of Director: _____

Were you a camper or staff member? _____

References (NEW STAFF ONLY: Please list 3 people who are not related to you, but have knowledge of your character and ability.)

Name: _____ Address: _____ Phone #: _____

Name: _____ Address: _____ Phone #: _____

Name: _____ Address: _____ Phone #: _____

Education History

Years enrolled: _____ to _____ **Name of School:** _____

Areas of Study: _____ Degree: _____

Years enrolled: _____ to _____ **Name of School:** _____

Areas of Study: _____ Degree: _____

Please indicate if you have any of the following and submit copies of the CURRENT applicable certificates.

Protecting God's Children – course completed on _____ Certificate attached

Standard First Aid Certification – course completed on _____ Certificate attached

Advanced First Aid Certification - course completed on _____ Certificate attached

CPR Certification - course completed on _____ Certificate attached

EMT Certification - course completed on _____ Certificate attached

ARC Lifeguard - course completed on _____ Certificate attached

ARC Water Safety Instructor - course completed on _____ Certificate attached

Please further indicate if you have experience with any of the following and submit copies of applicable certificates.

Archery Certification – completed _____ Certificate attached

Rock Climbing Certification – completed _____ Certificate attached

Photography – _____

Drawing/Painting – _____

Dance – _____

Drama/Theatre – _____

Singing – _____

Music – _____

Piano – _____

Guitar – _____

Track & Field Instruction – _____

Sports Instruction – type of sport _____

Other Instrumental – type of instrument _____

Please list any other talents or abilities you can offer at Camp:

What qualities do you have that may enhance our summer camp program?

How do you think a well-run camp can influence children?

Please attach the following documents to this application (in addition to any training certificates or documentation requested in other sections of this application):

- **A brief biographical sketch**
- **Two letters of recommendation: one from a previous employer and one a character reference.**

Please **INITIAL** the following, complete the questions, and sign at the bottom:

Regarding the Statement of Compliance with Living and Working with Integrity

I have read and understood the Code of Pastoral Conduct for the Diocese of Paterson and commit to uphold this code in my ministry and/or work. I realize and fully understand that any violation of the code on my part will make me subject to disciplinary action and may result in my immediate dismissal.

Regarding Personnel Policies

I will not take vacation time during the camp season

I acknowledge receipt of the CAMP AUXILIUM Personnel Policies and understand that this document supersedes all prior documents and any other verbal or written agreements. I have read and understand the camp policies. I also understand and agree that my employment or volunteer work is at-will, which means I have the right to terminate my employment at any time and for any reason and the camp has the same right.

I shall endeavor to understand and faithfully interpret the camp philosophy, objectives, and goals in my relationship with campers and all staff.

I shall conduct myself in an exemplary manner, recognizing that I am an adult role model for my campers. By my behavior, I will always try to demonstrate high moral values. I recognize that my conduct when I am away from the camp premises also reflects on the camp.

I shall always seek to be truthful, honest, and fair in my communication and interaction with campers and all staff.

I accept the challenge of helping my campers increase their awareness of and responsibility to others and to the world of nature, helping them gain in self-confidence and self-concept, and of teaching them new skills.

I shall refrain from abusive language and any form of corporal punishment or embarrassment in my dealing with campers and other staff.

I shall be accepting of the diverse racial, national, religious, and cultural background of my campers, and not seek to impose my own particular views.

Regarding Camp Policies

I understand that Catholic/Christian values and atmosphere pervades our entire camp program and that camp personnel should model appropriate dress standards; e.g., modesty in swim wear, no midriffs, no low-rise pants, etc. Exposed body-piercing, other than the ears, is also not permitted. T-shirts are to be worn if swimwear is questionable.

I understand that each day is begun with prayer and the flag salute and that whatever my religious or political affiliation may be, it is required that I participate respectfully in prayer/patriotic activities.

I understand that staff members may not leave the campus during their working hours.

I understand that I may not photograph campers unless designated in this official capacity by the director.

I understand that the use of personal cell phones is **prohibited** during hours of employment and may not be carried on camp grounds.

I understand that a criminal background check and fingerprinting are required for employment and volunteer work.

I have never been accused or convicted of a crime or felony involving the care or well being of children. I authorize investigation of all statements herein and release the Camp and all others from any liability in connection with same.

I understand that, if employed or accepted as a volunteer, I will be an at-will employee or volunteer and that any agreement to the contrary must be in writing and signed by the Director of the Camp.

I am aware that insubordination is grounds for immediate dismissal.

Any and all final decisions regarding the aforementioned policies are at the discretion of the camp director.

Regarding Drug Screening

I understand that as a condition of employment or volunteer work at Camp Auxilium I must consent to and satisfactorily complete job-related medical inquiries, which include random drug and alcohol screening tests.

As a candidate for employment or volunteer work, I understand that the presence of one or more such drugs or alcohol will disqualify me from further consideration for employment/volunteer hours.

Once offered a position at Camp Auxilium, I understand that the presence of one or more such drugs or alcohol may be cause for termination of my employment/volunteer hours.

I am aware that random drug testing will be used at camp. Failure to pass or to submit to one of these tests is grounds for immediate dismissal.

I certify that I have read this form or it has been read to me, and I understand its contents. I agree to the release of information obtained through medical inquiries or drug and alcohol screening tests to Primary Medical Care physicians and Camp Auxilium through their designated representatives.

I understand that Primary Medical Care physicians may be required to contact me regarding the outcome of my drug and/or alcohol screen test. For this reason, I am providing the information requested below.

Regarding Alcohol and Tobacco Use

- I understand that the use of alcohol or tobacco products is not permitted on camp property.
- I understand that the possession or use of alcohol on Camp premises is grounds for immediate dismissal.
- I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the Camp.
- I am aware that employment and volunteer work at Camp Auxilium reflects a commitment on my part to be a positive, Christian role model for the campers and other staff-members. Any personally provided information, posted on a public forum, (eg., Facebook, Instagram, Twitter, etc.), will be considered as public knowledge in this regard.

Regarding Conduct with Children

1. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? **Yes** **No**
If yes, please explain: (Use a separate sheet if necessary.)

2. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those indicated below? **Yes** **No**

- **Indecent assault and battery on a child under fourteen**
- **Indecent assault and battery on an individual with an intellectual disability**
- **Indecent assault and battery on a person who has obtained the age of fourteen**
- **Rape**
- **Rape of a child under sixteen with force**
- **Assault with intent to commit rape**
- **Kidnapping of a child under sixteen with intent to commit rape**
- **Distribution and trafficking of narcotics or other controlled substances**
- **Intent to commit any of the above crimes**

If yes, please explain: (Use a separate sheet if necessary.)

3. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? **Yes** **No**
If yes, please explain: (Use a separate sheet if necessary.)

4. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection? **Yes** **No**
If yes, please explain: (Use a separate sheet if necessary.)

5. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? **Yes** **No**
If yes, please explain: (Use a separate sheet if necessary.)

I understand that:

- a) **Camp Auxilium may deny employment or volunteer service to any person who answers “Yes” to any one of questions 1-5. If hired or accepted as a volunteer and Camp Auxilium later discovers circumstances that would indicate a “yes” answer to any of the above questions, employment or volunteer service may be terminated immediately.**
- b) **The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.**
- c) **Camp Auxilium may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:**
 - 1) **Have a history of complaints of abuse of a minor;**
 - 2) **Have resigned, been terminated, or been asked to resign from a position, whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or**
 - 3) **Have falsified or omitted information in this disclosure statement.**
- d) **This disclosure statement must be updated yearly.**

Signature _____ **Date** _____

Signature of Minor’s Parent/Guardian _____ **Date** _____

All statements become part of any future employee/volunteer personnel files. This form has been drafted to comply with federal employment laws; however, ACA assumes no responsibility or liability for the use of this form.

Camp Auxilium Staff Health Form

Name	Date	
Position		
Address		
City	State	Zip
Phone	Cell	
Emergency Contact Person:		
Emergency Contact Phone:		

Health History/Health History Update

Any medications currently being taken		
Current or recent health problems		
Past serious illnesses and injuries		
Allergies	EPI Pen required?	YES NO
Any sight or hearing problems		
Date of last physical	Date of last tetanus	
Name of family physician		
Phone of family physician		
Date of last TB test	Type	Result
<p>I am both physically and mentally fit to perform the duties required for the position requested, and pose no health risks to students or other employees. I further certify that the above information is correct to the best of my knowledge and belief. In the event that, due to accident, illness, or injury, I become unable to determine my own medical care, I give permission for the Camp Director, or her delegate to secure proper treatment for me.</p>		
Signature		Date

HEPATITIS B VACCINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated.

OPTION 1

_____ has completed the following inoculations:
(name of employee)

Hepatitis B Vaccine

Inoculation 1: Date _____ Given at _____

Inoculation 2: Date _____ Given at _____

Inoculation 3: Date _____ Given at _____

OR See attached medical form for more information.

OPTION 2

I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I should receive the vaccination at my own cost and will provide updated information for my medical file.

OPTION 3

Information is on file from previous year.

Please check one of the above options, then sign and date below:

Applicant Name (please print) _____

Applicant Signature _____

Date _____