



www.yakimaymca.org

Matt Rusch
Camp Director

Martin Koreski
Property Manager

Administrative Office
Yakima Family YMCA
5 N Naches Ave
Yakima, WA 98901
Phone: (509) 972-5271

Camp Office
14830 Tieton Rd
Naches, WA 98937
Phone: (509) 672-2480

E-mail:
mrusch@yakimaymca.org

YMCA Camp Dudley

“The Experience of a Lifetime”

Dear Applicant;

Thank you for your interest in applying for YMCA Camp Dudley. Summer camp is an amazing place of growth for all involved, and can be a fun and rewarding employment experience.

Your application is important to us, and in order for it to be properly processed, please follow these instructions:

- 1.) Fill everything out completely. With this packet you will find an application, three reference forms, and a Washington State Background Check form.
- 2.) Please return it to the Yakima Family YMCA attention Matt Rusch 5 N Naches AVE Yakima, WA 98901. If you are hand carrying your application, please make sure that my name is well marked somewhere on the envelope. Keeping a copy for yourself is a good idea.
- 3.) The background check form should be returned to the YMCA. **DO NOT** send it to the Washington State Patrol.
- 4.) The application can be returned before the reference forms. Please make sure your background check form is returned with the application forms.

Once your completed application has been received, I will contact you for a phone or face to face interview. Should you have any questions, please contact me at mrusch@yakimaymca.org or (509) 972-5271.

Again thank you for your interest in being part of “The Experience of a Lifetime”!

Sincerely,

Matt Rusch
Director, YMCA Camp Dudley

YAKIMA FAMILY YMCA · YMCA CAMP DUDLEY



5 N. NACHES AVE., YAKIMA, WA 98901, (509) 248-1202

SUMMER EMPLOYMENT APPLICATION

Name _____ Gender: F M Social Security # _____

Permanent Address:

Current Address:

Street _____

Street _____

City, State, Zip _____

City, State, Zip _____

Phone (____) _____

Phone (____) _____

E-Mail Address _____

Dates you can be contacted at your current address:

From _____ to _____

Dates you are available to work:

From _____ to _____

Please check the position/s you are applying for:

- | | |
|---|--|
| <input type="checkbox"/> Head Counselor (Must be at least 19) | <input type="checkbox"/> Head Cook (Must be at least 18) |
| <input type="checkbox"/> Assistant Counselor (Must be at least 16) | <input type="checkbox"/> Assistant Cook (Must be at least 18) |
| <input type="checkbox"/> CIT Leader (Must be at least 20) | <input type="checkbox"/> Nature Director (Must be at least 18) |
| <input type="checkbox"/> Backpacking Guide (Must be at least 20) | <input type="checkbox"/> Ropes Course Coordinator (At least 19) |
| <input type="checkbox"/> Program Director (Must be at least 20) | <input type="checkbox"/> Office Manager (Must be at least 18) |
| <input type="checkbox"/> Arts & Crafts Director (Must be at least 18) | <input type="checkbox"/> Maintenance Assistant (Must be at least 18) |
| <input type="checkbox"/> Aquatics Coordinator (Must be at least 18) | |

Education Background
(High School and Post-High School)

Dates _____ School _____

Camp Experience
(Staff, Volunteer & Camper)

Dates _____ Camp _____ Position _____

Many of our campers speak Spanish, would you be able to communicate with them? Yes No

Rate your ability (10=Fluent, 1=Minimal Knowledge) _____

Work History: Provide the following information for the last 2 years. (Attach a separate sheet if necessary.)

Dates (from/to) Job Title Employer Supervisor Phone

References

Please list three people who have known you for at least 3 years and have knowledge of your character, experience and abilities. Have each of these references fill out a copy of the reference form. (Limit one (1) family member)

Name Phone Relation

Have you ever been charged or convicted of a crime, child abuse or any sex-related crimes? If applicable, list motor violations. Yes No If yes, please explain _____

Certifications

Please check those certifications that you have or will have before June (current year) and will be valid through August (current year). Please attach copies of these certifications.

- | | |
|---|---|
| <input type="checkbox"/> First Aid Training | <input type="checkbox"/> Current Drivers License |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Ropes Course Facilitator |
| <input type="checkbox"/> YMCA/ARC Lifeguard Training | <input type="checkbox"/> WA State Food Handler's Permit |
| <input type="checkbox"/> Advanced First Aid or Wilderness First Aid | <input type="checkbox"/> Other |
- Please Specify _____ Please Specify _____

Camp Skills

Mark with a "T," those skills you would feel comfortable teaching campers. Mark with an "A," those skills you would feel comfortable assisting to teach campers.

- | | | | |
|-------------------------|--------------------|---------------------|------------------------|
| _____ Backpacking | _____ Ecology | _____ Orienteering | _____ Outdoor Cooking |
| _____ Wilderness Skills | _____ Basketball | _____ Volleyball | _____ Ultimate Frisbee |
| _____ Archery | _____ Soccer | _____ Fishing | _____ Drama |
| _____ Arts & Crafts | _____ Song Leading | _____ Story Telling | _____ Group Games |
| _____ Ropes Course | _____ Canoeing | _____ Sailing | _____ Rowing |
| _____ Swimming | _____ Mt. Biking | _____ Other: | |

Other Skills, Please List: _____

Do you play a musical instrument(s)? Yes No If yes, which instrument(s)? _____

GENERAL QUESTIONS (Attach a separate sheet if necessary)

- 1.) Why do you want to work at Camp Dudley, and more importantly, with children?
- 2.) What three characteristics do you feel are necessary to work in a Summer Camp environment?
- 3.) What experiences do you have that make you qualified to fill this/these position/s?
- 4.) What unique skill can you contribute as a Camp Dudley staff member?

5.) What can you do at Camp Dudley to help a child learn how to utilize the Four Core Values of Caring, Honesty, Respect, and Responsibility in their daily lives?

6.) What would your ideal camp theme week involve, and what two theme related activities would you create?

PREVIOUS STAFF QUESTIONS:

1.) In what ways has employment with Camp Dudley changed you as a person?

2.) Are you applying for the same position you held previously? Answer why to either yes or no.

3.) What skills/experience/knowledge would you hope to gain from employment this summer?

The Yakima Family YMCA is an equal opportunity employer. All applications will be considered, without regard to race, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related handicap, or any other legally protected status.

I, the applicant, confirm that the provided information is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal. I give the Yakima Family YMCA permission to contact the references listed and verify my previous employment information.

Applicant's Signature _____ Date _____

Please complete the application and return it by mail to the following address, or drop it off at the Yakima Family YMCA by Friday March 2, 2012 to receive full consideration:

Matt Rusch
Director, YMCA Camp Dudley
5 N Naches Ave
Yakima, WA 98901

12/12/10



· YAKIMA FAMILY YMCA ·
 · YMCA CAMP DUDLEY ·



www.yakimaymca.org

Reference Request For _____
 Applying for Position of _____

Applicant—Please sign and date

I (the applicant) hereby release the reference person named below from any blame or liability connected with comments made on this reference form or in an interview with the reference that may influence whether or not I receive employment from YMCA Camp Dudley.

Applicant's signature _____ Date: _____

Dear Reference,

The above person has applied for a summer position with YMCA Camp Dudley and has listed you as a reference. Camp Dudley serves hundreds of youth each year, and it is therefore important that we have very strong, committed employees. Please take a few minutes to answer the following questions and return this form to us as soon as possible. Your input is greatly appreciated. Thank you.

Levels:

- 0: Does not apply or not observed – Evaluator does not feel they have adequate knowledge or experience to respond.
- 1: Unsatisfactory – Performs below expectations
- 2: Satisfactory – Performs at average or expected level
- 3: Excellent – Performs above expectations

1. How reliable is the applicant in completing projects?

0 1 2 3

Additional Comments: _____

2. How mature do you consider the applicant to be?

0 1 2 3

Additional Comments: _____

3. Does the applicant work well with others?

0 1 2 3

Additional Comments: _____

4. Does the applicant work well with children?

0 1 2 3

Additional Comments: _____

5. How would you describe the applicant's personality?

6. How would you describe the applicant's leadership style?

7. Is the applicant the type of person with whom you would trust with your own children?

Yes / No

Please Comment: _____

8. What is your relationship with the applicant and how long have you known them?

If you would like to add any further comments that you feel might be helpful in our decision making process, please do so.

Reference signature: _____

Please print name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Would you be available for follow-up questions by phone if necessary? (Please circle) **YES/NO**

Best time to be contacted: _____

Please return the completed form by March 2, 2012 to ensure your candidate receives full consideration.

**Return completed form to: Matt Rusch
Director, YMCA Camp Dudley
5 N Naches Ave
Yakima, WA 98901**

E-mail: mrusch@yakimaymca.org

Phone: (509) 972-5271

We thank you for your assistance.

Sincerely,

Matt Rusch
Director, YMCA Camp Dudley



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5 N Naches Ave
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Sincerely,

Matt Rusch



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Director, YMCA Camp Dudley
5 N Naches Ave
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E-mail: mrusch@yakimaymca.org

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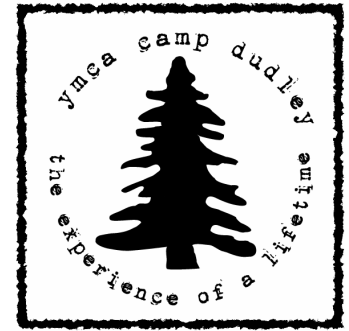
We thank you for your assistance.

Sincerely,

Matt Rusch

Please note, the quality of the background check form is not very good on the accompanying pages. For a better quality version, please visit:

http://www.wsp.wa.gov/crime/docs/misc/240430_request_for_chri_child_adult_abuse.pdf



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Background Check Form Instructions:

- 1.) Ignore parts A & B
- 2.) Fill out **all** of Part C
- 3.) Fill out **left** side of Part D
 - Including:** Requesting Agency (YMCA)
 - Applicant's Signature
 - Applicant's Name (print)
 - Your Address
 - Your City, State, Zip
- 4.) Do NOT send it in to Washington State Patrol. DO, send it to Matt Rusch at the YMCA, as our Human Resources person can do the background check on-site here.
- 5.) PLEASE make sure that you signed "Applicant's Signature" on Part D, and reviewed #2, and #3. Your application cannot be processed, or your job offers extended until this form is properly completed.

Thank you!

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845 (Instructions on Reverse Side)

<p>A REQUESTING AGENCY/ADDRESS</p> <p>Agency _____</p> <p>Attn _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>Authorized Signature _____ Date _____</p> <p>Title _____ Area Code/Phone Number _____</p>	<p>B PURPOSE</p> <p>Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer - no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>
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C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Months/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency _____

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

WSP Use Only

Applicant Right Thumb Print (Optional)

MAIL COMPLETED FORM TO:

WASHINGTON STATE PATROL
IDENTIFICATION AND CRIMINAL HISTORY SECTION
PO BOX 42633
OLYMPIA WA 98504-2633

FOR FURTHER INFORMATION, CONTACT THE WASHINGTON STATE PATROL AT:

PHONE: (360) 705-5100

E-MAIL: crimhis@wsp.wa.gov

WSP WEB SITE: <http://www.wa.gov/wsp/>

Washington State conviction criminal history record information is available on the Internet using WATCH (Washington Access to Criminal History). You may use an account established by mail or conduct a search using a credit card (Discover, American Express, Visa, or MasterCard). An account application can be printed by accessing WATCH "HELP" files on the Internet. A \$10 fee is charged for each name and date of birth search, regardless of the outcome.

WATCH WEB SITE: <https://watch.wsp.wa.gov>

CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses, organizations, or individuals. Other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

1. *Searches can be conducted only on prospective employees, volunteers, or adoptive parents.*
Background checks can be conducted on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment or engagement decisions only. Background checks on current employees or volunteers should be done through the Criminal Records Privacy Act, RCW 10.97.
2. *Applicants must be notified an inquiry may be made.*
A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, who may be offered a position as an employee or volunteer that an inquiry may be made.
3. *A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.*
A business or organization shall require each applicant to disclose whether the applicant has been:
 - (a) convicted of any crime;
 - (b) had findings made against him or her in any civil adjudicative proceeding;
 - (c) has both a conviction and findings made against him or her.
4. *Applicants must be notified of the response.*
The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints.