

Village of Montgomery Summer Camp Employee Application Check List

_____ Completed Orange County Employee yellow application available at Village Hall (senior staff & counselors 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 degrees, licenses & certifications. (CPR/AED & First Aid must be listed on OC Health Dept. preferred list).

(*) 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.

Village of Montgomery Summer Camp Program
Medical Staff & Supervisor Personal Reference Form

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

(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? _____

What are some strengths and weaknesses the applicant possesses? _____

Any additional comments. _____

Signature/date of reference _____

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
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.

I _____ 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)