



2012 Season

Greetings,

Thank you for your interest in serving on the summer aquatics staff at the Metro West YMCA Family Outdoor Center. We are looking for dedicated and talented people who not only bring outstanding aquatic skills with them, but also are friendly, outgoing and willing to develop working relationships with people of all ages. Our aquatics program is multi-functional, in that we work with our day camp program in the morning and early afternoon hours, and then we work with our swim club members after 3:00pm and on weekends. We are looking for people who are willing to work weekends as well as during the week.

The pool season runs from June 2nd until September 3rd. We will be open weekends only until June 24th when our day camp begins and we go full time. You will also be required to attend staff trainings at dates and times to be announced. Our pool is open until 8:00pm in June and July and will be open until 7:00pm beginning the middle of August.

The application process is as follows:

This packet contains the Aquatics Staff Application and related forms. Once you complete the application and forms return then to the MetroWest YMCA Family Outdoor Center so an interview may be scheduled. Employment decisions will be made after the interview is completed and your references are checked. If you are selected to be a member of our staff team, a staff agreement will be sent to the address you listed on your application. We do review a large number of applications, so we cannot guarantee that positions will stay available. Please return your application quickly.

If you have any questions about our program, please feel free to contact me at 508-435-9345 ext 14.

Once again thank you for your interest. I look forward to receiving your application.

Sincerely,

John D. Barclay
Branch Executive Director
MetroWest YMCA Family Outdoor Center
45 East Street, Hopkinton, MA 01748
508-435-9345 x 14
508-435-9201 Fax
jbarclay@metrowestymca.org



MetroWest YMCA

Employment Application

Thank you for your interest in the YMCA!

We consider each application without regard to age, race, gender, color, religious creed, national origins, sexual orientation, criminal record, mental illness, handicap, disability, marital status or any other legally protected status pursuant to relevant federal, state and local laws. Reasonable accommodations will be made for applicants with disabilities and qualified new hires.

If you would like to join the YMCA staff team, please complete the application below.

- Be sure to write legibly.
- The application must be completed in full.
- Do not leave any spaces blank or write "see resume" in response to any question.
- Read and sign the last page of the application.

Personal Information

Position Applying For: _____ Date: _____

Name: _____ E-mail: _____

Last First MI

Address: _____

Street City State ZIP

Telephone: Home ____/____ Business ____/____ Cell ____/____

Previous residence if less than five (5) years: _____

City / State _____

If necessary, best time to call you at home is _____ AM/PM

May we contact you at work? Yes No

If yes, work number and best time to call..... () _____ AM/PM

If you are under 18 years of age and it is required, can you furnish a work permit? Yes No

NOTICE TO APPLICANTS: THE METROWEST YMCA MAINTAINS "ZERO TOLERANCE" FOR ABUSE.

Allegations or suspicions of child abuse are taken very seriously at the YMCA and will be reported to the proper authorities for investigation. We have abuse reporting procedures, there are unscheduled visits from supervisors, we have an open door for parents, and we have a code of conduct for staff. We minimize opportunities for abuse to occur and we talk with children about personal safety and touching limits. We also screen carefully to prevent abusers from being hired and we provide child abuse prevention training to all staff.

Screening tests for alcohol and illegal drug use may be required before hiring and during employment.

Employment Information

What type of position are you applying for? Department: _____

Full time (35-40 hours per week, 12 months) Part Time Seasonal (FT or PT, less than 3 months)

Available start date? _____ Any restrictions to work hours? _____

List available days / hours below:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Have you previously been employed by this YMCA or any other YMCA? Yes No

If yes, when and at which locations? _____

Have you previously volunteered at this YMCA or any other YMCA? Yes No

If yes, when and at which locations? _____

Do you have any relatives or household members currently working for his YMCA? Yes No

If yes, name(s) and relationship: _____

How did you find us? YMCA Staff Referral Website YMCA Member Walk-In Advertisement Other

Name of referral source (if applicable): _____

Education & Training

Educational Background

	Name of School	City, State	Diploma Awarded	Degree	Major
<input type="checkbox"/> High School <input type="checkbox"/> GED			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Vocational/ Other			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		

Describe any non-employment experience such as school or volunteer activities that might strengthen your application:

Safety & Job Specific Certifications

Type (CPR, First Aid, Lifeguarding, etc.)	Provider	Level	Expiration

Employment History

Provide the following information of your past and current employers or assignments, starting with the most recent. (Use additional sheets if necessary.)

Employer	Telephone ()	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Starting Job Title / Final Job Title		<u>Starting</u> Hourly Rate/Salary	
Immediate Supervisor and Title		\$ _____ per _____	
Reason for Leaving		<u>Ending</u> Hourly Rate/Salary	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____	

Employer	Telephone ()	<u>Dates Employed</u> From: ___/___	Summarize the nature of the work performed and job responsibilities.
Address		To: ___/___	
Starting Job Title / Final Job Title		<u>Starting</u> Hourly Rate/Salary	
Immediate Supervisor and Title		\$ _____ per _____	
Reason for Leaving		<u>Ending</u> Hourly Rate/Salary	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____	

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Immediate Supervisor and Title		\$ _____ per _____	
Reason for Leaving		<u>Ending</u> Hourly Rate/Salary	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____	

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Address		To: ___/___	
Immediate Supervisor and Title			
Reason for Leaving		<u>Ending</u> Hourly Rate/Salary	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____ per _____	

Please explain any gaps in your employment history.

What other business experience, personal experience or training have you had that may have prepared you for this position?

References List at least three character references/persons that know you well and can attest to your abilities and suitability for YMCA employment (*one reference must be a family member*).

Name: _____ Relationship: _____ Years Known: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail: _____ Phone: _____ / _____ Alternate #: _____ / _____

Name: _____ Position: _____ Years Known: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail: _____ Phone: _____ / _____ Alternate #: _____ / _____

Name: _____ Position: _____ Years Known: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail: _____ Phone: _____ / _____ Alternate #: _____ / _____

Application Acknowledgement and Authorization

I certify that all information I have provided in order to apply for and secure work with the MetroWest YMCA is true, complete and correct, and I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the MetroWest YMCA's service, whenever it is discovered.

Initial _____

I expressly authorize, without reservation, the MetroWest YMCA, its representatives, employees or agents to contact and obtain information from all references (personal and professional) employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the YMCA, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, organizations for furnishing such information about me. I am aware that I have the right to make a written request for disclosure of the nature and scope of any report that may be ordered.

Initial _____

I understand upon offer of employment, the YMCA will conduct a criminal background check prior to and during my employment as well as a child abuse registry check and I am subject to random, accident follow-up, and for cause drug testing, as well as post offer drug screening contingent on employment.

Initial _____

I am not a child molester, abuser or pedophile; and have not been accused of being a molester or abuser.

Initial _____

I understand that the YMCA does not discriminate in hiring or employment on the basis of race, veteran's status, religious creed, national origin, sexual orientation, ancestry or age; or on the basis of a handicap not limiting the applicant's ability to perform satisfactorily the job available. The YMCA will give this application every reasonable consideration. However, in accepting it, the YMCA makes no commitment of employment to the applicant.

Initial _____

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the YMCA and still wish to be considered for employment, it may be necessary to reapply and fill out a new application. **Employment with the YMCA is employment at will** which means that employees may end their employment at any time, for any reason; and that the employer (the YMCA) may terminate employees at any time for any reason, with or without cause.

Initial _____

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard, and

I certify that I have read, fully understand and accept all terms of the foregoing applicant statement.

Signature of Applicant _____ Date _____

**MetroWest YMCA Family Outdoor Center
2012 Aquatics Addendum**

Please complete the following and mail to:
John D. Barclay, Branch Director
45 East Street, Hopkinton, MA 01748

Dear Applicant,

Thank you for your interest in our Aquatics program. We are a 116-acre outdoor center, with two swimming pools, abutting the Ashland Reservoir. Our lifeguards work with all of our participants; from summer day campers to families with our Family Swim Club. Please take the time to look through the enclosed brochures to better acquaint you with our programs. Once I receive your application I will call to set up an interview. Thanks for your time, and I look forward to meeting you!

Sincerely,

John D. Barclay

Full Name: _____

Are you under the age of 18? Yes _____ No _____

Home Address: School Address: (if living away at school)

Home Phone: (with area code) School Phone: (with area code)

Email Address: _____

Living at College/School until (then I can be reached at home): (Date) _____

Have you ever been convicted of a felony? Yes No

If yes, what was the nature of the offense: _____

What position are you applying for this summer? _____

List Current Certifications and Expiration Dates: (ex. Red Cross Lifeguard – Dec. 2009)

_____	_____
_____	_____
_____	_____
_____	_____

(over, please)

List your previous experience with Hopkinton Branch or Framingham Branch
Branch Year Position

Summarize any other employment history, training, and other skills that may have prepared you for this position:

List other experiences working with children and/or families: _____

What are your hobbies, special interests and extra-curricular activities? _____

What contributions can you make to the aquatics program, camp, and ALL staff this summer?

I certify that the information is accurate and complete, with the knowledge that falsification of application information is grounds for dismissal.

Signature Date

Reference Form MetroWest YMCA Family Outdoor Center

To the Applicant: Please fill out and sign the boxed section and give to a non-related individual to fill out.

Name: _____ Position applied for: _____

I authorize the release of this information to the MetroWest YMCA.

Signature Date

To The Reference: The above-named individual has applied for a position at the MetroWest YMCA Summer Day Camp and Family Swim Club. Because it is important that the members of our staff have the patience and understanding to work well with children, parents, and fellow staff members, we would like information concerning the personal and professional qualifications of this applicant. Characteristics such as creativity, initiative, self-motivation, energy, cooperation, and personal integrity are important. Your assistance is appreciated, and your responses will be kept in confidence. Thank you for your promptness in completing this form! Please return it to the address below as soon as possible. Thank you!

How long and in what capacity have you known this applicant?

What do you feel is the greatest strength of this applicant with regard to being a staff member at the MetroWest YMCA's Day Camp and Family Swim Club?

In what way would you like to see this applicant develop personally and professionally?

Would you have any reservations about your child being in the care of this applicant? Please comment.

In your opinion, is this applicant a suitable positive role model for people of all ages Please comment.

Please rate this applicant in the following areas:

	Excellent	Good	Fair	Poor	N/A	Comments
Cooperates with supervisors						
Has good communication skills						
Relates well with children						
Is patient						
Is punctual						
Displays a positive attitude						
Is mature						
Is safety-conscious						
Has a sense of humor						
Can grasp ideas quickly						
Considers alternatives and consequences before acting						
Completes tasks enthusiastically						
Relates well with peers						
Is caring						
Is honest						
Is respectful						
Is responsible						
Is flexible-can adapt to changing situations						

I recommend hiring without any reservations
 I recommend hiring with some reservations (List concerns below)
 I recommend that this applicant not be hired (List concerns below)

Remarks: _____

 Printed Name Signature

 Title Date

 Organization Telephone

Please return this form to: Branch Executive Director, MetroWest YMCA at Hopkinton, 45 East Street, Hopkinton, MA 01748
508-435-9345 voice – 508- 435-9201 FAX

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Is honest						
Is respectful						
Is responsible						
Is flexible-can adapt to changing situations						

___ I recommend hiring without any reservations

___ I recommend hiring with some reservations (List concerns below)

___ I recommend that this applicant not be hired (List concerns below)

Remarks: _____

 Printed Name

 Signature

 Title Date

 Organization

 Telephone

Please return this form to: Branch Executive Director, MetroWest YMCA at Hopkinton, 45 East Street, Hopkinton, MA 01748
 508-435-9345 voice – 508- 435-9201 FAX

Family Member Reference Form MetroWest YMCA Family Outdoor Center

To the Applicant: Please fill out and sign the boxed section and give to a related individual to fill out.

Name: _____ Position applied for: _____

I authorize the release of this information to the MetroWest YMCA.

Signature Date

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 508-435-9345 voice – 508- 435-9201 FAX

METROWEST YMCA

METRO
172G
FE518



CHAPTER 6, SEC. 172G CORI REQUEST FORM

MetroWest YMCA is requesting all the available criminal offender record information (CORI) and juvenile data on the following individual from the Criminal History Systems Board pursuant to Chapter 6, Sec. 172G, which mandates operators of camps for children to request CORI and juvenile data regarding all employees or volunteers prior to employment or volunteer service.

Camp Applicant / Employee Signature: _____

CAMP APPLICANT / EMPLOYEE INFORMATION

(please print)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS *(if applicable)* PLACE OF BIRTH MOTHER'S MAIDEN NAME

DATE OF BIRTH SOCIAL SECURITY NUMBER * ID THEFT INDEX PIN *(if applicable)*
(Requested, but not required)

CURRENT STREET: _____ TOWN: _____ ZIP: _____

FORMER ADDRESSES: _____

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

****THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:*

REQUESTED BY: _____ DATE SUBMITTED _____

Signature of CORI Authorized Employee

***The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.**

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to (617) 660-4614.

