



4-H CAMP
SHANKITUNK



Cornell Cooperative Extension

Delaware County

Resource Center

34570 State Hwy 10, Suite 2

Hamden, NY 13782-1120

t. 607-865-6531

f. 607-865-6532

e. delaware@cornell.edu

ccedelaware.org

(June-August)

2420 Arbor Hill Road

Delhi, NY 13753

t. 607-746-2004

f. 607-746-2508

e. shankitunk4hcamp@cornell.edu

campshankitunk.org

EMPLOYMENT APPLICATION

Please print or type clearly. Please star the address you would like us to send correspondence to.

Name _____
 Last First Middle Social Security Number

Permanent Address: _____
 Street City State Zip Home Phone

School/Work Address: _____
 Street City State Zip Cell Phone

E-mail: _____ Date of Application: _____

Current Occupation or year in school: _____

Dates Available: From _____ To _____

Please place a checkmark by the position(s) you want to apply for. If you are interested in applying for multiple positions, please rank them in order of interest. 1 = Position most desired.

- Camp Director Aquatics Director Food Service Director
 CIT Director Craft Director Assistant Cook
 Program Director Day Camp Director Kitchen Assistant
 Program Assistant Counselor Camp Babysitter
 Health Director /Nurse Maintenance Other: _____

Are you at least 18 years of age? _____ Yes _____ No

Have you ever been convicted of a crime? _____ Yes _____ No

If yes please state the type of offense and explain the conviction.

How were you referred to 4-H Camp Shankitunk?
 Check all that apply.

<input type="checkbox"/>	Self	<input type="checkbox"/>	Friend
<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	School
<input type="checkbox"/>	Radio	<input type="checkbox"/>	Employment Agency
<input type="checkbox"/>	Web/Social Media	<input type="checkbox"/>	Other:

Employment History: Provide a full record of all employment – paid and volunteer – and explain any

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gaps in employment. Include positions on camp staff. List most recent employment first.

Dates	Employer	Supervisor	Address & Phone	Nature of Work	Reason for Leaving

May we contact your previous employer(s)? YES NO If no, please explain why. _____

Are you a returning 4-H Camp Shankitunk Staff member? Yes _____ No _____

If yes, position(s) held: _____ Year(s) _____ Salary _____
 _____ Year(s) _____ Salary _____

Camp Experience:

Dates	Camp	Sponsoring Agency: 4-H, Scouts, Private	# of years as a Camper	Staff Yes/No	Position

Education: High School and beyond.

Dates Attended	Type of School	School Name & Address	Degree Completed	Major
	High School			
	College			
	Technical School			
	Graduate School			

Please list three (3) camp activities you feel qualified to teach.

1. _____ 2. _____ 3. _____

Please list three (3) camp activities where you will be able to assist.

1. _____ 2. _____ 3. _____

Please list three (3) camp activities that you cannot and do not want to teach.

1. _____ 2. _____ 3. _____

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Certification(s): Please attach to your application whenever possible.

Type of Certification	Provider	Date Issued	Expiration
First Aid:			
CPR-Professional Rescuer			
Water Safety Instructor			
Life Guard Management			
Life Guard			
4-H Shooting Sports			
Nursing:			
Other:			
Other:			
Other:			

Do you have a valid drivers license? _____ Yes _____ No If yes, what state? _____

License Number: _____ Expiration: _____

Other Skill(s):

Please list additional skills related to programming, maintenance, food service, business administration, etc.

Briefly describe your qualifications for the position that you are applying for:

What contributions do you think you can make at camp? What can you offer in the way of a positive growth experience to children attending 4-H Camp Shankitunk.

What contributions do you think a well-run camp can make to children?

Are there any reasons you may have difficulty in performing any of the essential functions of the job for which you have applied? _____ Yes _____ No If so explain.

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References: Please list three persons [not relatives] having knowledge of your character, experience, work habits, and ability. Your completed application and references must be sent directly to:

4-H Camp Shankitunk
34570 State Hwy 10, Suite 2 Hamden, NY 13782
Attn: Cathy Scofield
Phone: 607-865-6531
Fax: 607-865-6532

Name	Title	Address	Phone

Cornell Cooperative Extension Association Important Notice to Applicants

Disability Accommodation Available for Applicants I understand that if I require accommodation for a disability so that I may participate in the selection process I am encouraged to contact Cornell Cooperative Extension (CCE) office where I am applying. I can perform the essential functions of the position for which I am applying with or without accommodation.

Equal Opportunity/Affirmative Action Employer and Educator Cornell Cooperative Extension is an Equal Opportunity/Affirmative Action Employer and Educator. CCE is an organization committed to diversity, inclusiveness and a welcoming environment for its educator, staff, and program participants. Consistent with this commitment, qualified individuals are considered for employment without regard to any legally protected status, including race, color, creed, religion, national origin, age, sex, marital status, disability, sexual orientation, or veteran status. I understand that if I become employed at Cornell Cooperative Extension, it is the CCE's expectation that I will comply with all anti-discrimination laws and support the extension's commitment to diversity and inclusion.

Application Fraud & Misrepresentation I certify that all statements (verbal and written) made on any and all material collected during the hiring process are true, complete and accurate and I understand that misrepresentation or omission of facts called for in the employment application, resume, interview process or other application material may prohibit consideration for employment at CCE and is cause for immediate termination if employed.

Reference and Background Checking Applying for a specific job authorizes Cornell Cooperative Extension to contact any of your schools, your current* and former employers, or other references for the purpose of verifying information and/or obtaining an account of your education, work experience and skills. By applying for a job you agree to hold any and all of your reference sources harmless and free of any liability for releasing such information. Please note that a more extensive background check is part of the employment decision making process and you will need to sign any necessary disclosure and release forms including, but not limited to an authorization form as part of the hiring process. (*Please note that the point at which your prospective hiring supervisor will contact your employer may vary; however, this is most commonly done on a pre-employment basis usually after the initial interview. This practice is rarely performed on a pre-interview basis. If you have concerns about having your current employer contacted, please communicate those concerns to the person who conducts your initial interview to determine what, if any, alternatives exists.)

Employment Eligibility Verification All offers of employment by Cornell Cooperative Extension are contingent on the provision of satisfactory proof of your identity and legal authority to work in the United States. Prior to or on your first day of employment, you must comply with the requirements of the Immigration and Naturalization Service's Employment Eligibility Verification (I-9 Form).

Offers of Employment Please be advised that Cornell Cooperative Extension will not be bound by offers or conditions of employment other than those made in official offer letters.

Agreement: I hereby authorize investigation of all statements contained in this and other application documents. I understand that references contacted will not necessarily be limited to those indicated on this application. I authorize my former employers/schools and other individuals to release information relevant to my knowledge, skill, ability, experience, and suitability for the position for which I am applying. I further understand that employment with a Cornell Cooperative Extension Association is "at will" in that I, or the employer, may terminate employment at any time or for any reason consistent with applicable state or federal law. By signing the statement, I willfully accept the terms listed above.

Applicant's Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____
 (Parent/guardian signature required if applicant is 18 years of age or younger.)

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