



4-H CAMP SHANKITUNK



Cornell Cooperative Extension Delaware County

(June-August)
2420 Arbor Hill Road
Delhi, NY 13753
t. 607-746-2004
f. 607-746-2508
e. shankitunk4hcamp@cornell.edu
campshankitunk.org

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

EMPLOYMENT APPLICATION

Please print or type clearly.

Name: Last First Middle Pronouns (optional)

Current Address Street City State Zip Date of Application

Cell Phone Alternate Phone:
Is this phone text enabled? (please circle) Yes No

E-mail:

When are you available? Note: Camp is in session from June 25th - August 4th From: To:

Please place a checkmark by the position(s) you want to apply for. If you are open to applying for multiple positions, please rank them in order of interest. For example, 1 = Position most desired.
More information on position responsibilities is available on our website at www.campshankitunk.org

- Camp Director Aquatics Director Food Service Director
CIT Director Craft Director Assistant Cook
Program Director Program Assistant Kitchen Assistant
Health Director/Nurse Cabin Counselor (overnight) Camp Babysitter
Day Camp Director Day Camp Staff Maintenance
Camp Clerk/Secretary Other:

Some positions have required and/or preferred age requirements:

Will you be at least 16 years of age by June 26? Yes No
Will you be at least 18 years of age by June 26? Yes No
Note: If no, you will be required to provide valid working papers prior to employment.
Will you be at least 21 years of age by June 26? Yes No
Will you be at least 25 years of age by June 26? Yes No

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

Table with 2 columns: Referral source (Self, Newspaper, Radio, Web/social media) and Location (Friend, School/Career Center, Employment Agency, Other).

Have you previously worked for Cornell Cooperative Extension (or 4-H Camp Shankitunk)? Yes No
If yes, in what capacity?

Building Strong and Vibrant New York Communities

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Employment History: Provide a full record of all employment – paid and volunteer – and explain any gaps in employment. Include positions on camp staff. List most recent employment first.

| Dates | Employer | Supervisor | Address & Phone | Nature of Work | Reason for Leaving |
|-------|----------|------------|-----------------|----------------|--------------------|
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Camp Experience:

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

Education: High School and beyond.

| Type of School | School Name & Address | Degree Completed | Major |
|------------------|-----------------------|------------------|-------|
| High School | | | |
| College | | | |
| Technical School | | | |
| Graduate School | | | |

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

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

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Please list three (3) activities you feel qualified to lead. *Activities we currently offer are listed on our website.*

1. _____ 2. _____ 3. _____

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

1. _____ 2. _____ 3. _____

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

1. _____ 2. _____ 3. _____

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

How does working at camp align with your summer and/or future goals?

Please share what “belonging” means to you.

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?

Describe a time when you had to step up and be a leader.

How do you manage stress?

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References: Please list three persons, other than personal friends or relatives, who have knowledge of your character, experience, work habits. Your completed application and references must be sent directly to:

4-H Camp Shankitunk: 34570 State Hwy 10, Suite 2 Hamden, NY 13782

Attn: Corrine Tompkins, Phone: 607-865-6531, Fax: 607-865-6532

| Name | Organization, Title | Email Address | Phone |
|------|---------------------|---------------|-------|
| | | | |
| | | | |
| | | | |

CORNELL COOPERATIVE EXTENSION ASSOCIATION IMPORTANT NOTICE TO APPLICANTS

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER AND EDUCATOR Cornell Cooperative Extension is collaboration among Cornell University, the United States Department of Agriculture, the State of New York, and the residents of New York State. Per NYS Law, county and regional extension service associations are subordinate governmental agencies. This employment opportunity is with the entities listed and not with Cornell University.

DIVERSITY Cornell Cooperative Extension is solidly committed to diversity, equal opportunity and affirmative action in the development of its policies, programs, procedures and practices through its affiliation with Cornell University, and as a part of the national extension system through the United States Department of Agriculture. CCE's mission, vision and values are well entrenched in the principles of diversity, equal opportunity and affirmative action, and provide the foundation from which we operate.

DISABILITY ACCOMMODATION AVAILABLE FOR APPLICANTS I understand that if I require an accommodation for a disability so that I may participate in the selection process I am encouraged to contact the Cornell Cooperative Extension (CCE) at 607-255-2117 or email at cce.recruitment@cornell.edu.

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 preemployment basis usually after the initial interview. 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 exist.

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 U.S. Citizenship and Immigration 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.

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.

APPLICANT STATEMENT 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.

I certify that I have read the above statements and understand their contents

Applicant's Signature: _____ Date: _____

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Voluntary Self-Identification of Race, Ethnicity and Veteran Status

Cornell Cooperative Extension is committed to diversity, inclusiveness and a welcoming environment for its staff. Qualified individuals are considered for employment, and employees are provided equal opportunity, without regard to any legally protected status, including: age, race, creed, color, ex-offender status, national origin, sexual orientation, gender identity or expression, military status, sex, disability, predisposing genetic characteristics, marital status, domestic violence victim status, or veteran status.

To achieve our goal of a diverse workforce and to comply with EEO record keeping, reporting, and other legal requirements, we request that you complete a voluntary questionnaire. If you'd like more information about your EEO rights as an applicant under the law, please go to http://www.eeoc.gov/employers/upload/eeoc_self_print_poster.pdf

This form will be kept in a confidential file separate from your application for employment. Qualified applicants are considered for employment without regard to race, color, religion, political beliefs, national or ethnic origin, gender, sexual orientation, age, marital or family status, veteran status, or disability. Refusal to provide this information will not subject you to any adverse treatment.

Name: _____ Date: _____

ETHNICITY

- Hispanic or Latino *(A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race)*
- Not Hispanic or Latino
- I do not wish to provide this information

RACE (select one or more)

- American Indian or Alaska Native. *(A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment)*
- Asian. *(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)*
- Black or African American. *(A person having origins in any of the black racial groups of Africa)*
- Native Hawaiian or Other Pacific Islander. *(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)*
- White/Caucasian. *(A person having origins in any of the original peoples of Europe, North Africa, or the Middle East)*
- I do not wish to provide this information

GENDER IDENTIFICATION

- Female
- Male
- I do not wish to provide this information

Invitation to Self-Identify as a Veteran

Cornell Cooperative Extension and/or Cornell University is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

VETERAN STATUS

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

- I identify as one or more of the classifications of protected veteran listed above
- I am not a protected veteran
- I do not wish to provide this information

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____