



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

4-H CAMP SHANKITUNK EMPLOYMENT APPLICATION

Please print or type clearly.

Name: _____
Last First Middle

When are you available? Note: Camp is in session from June 22th – August 1th 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

- | | | |
|--|--|--|
| <input type="checkbox"/> Camp Director | <input type="checkbox"/> Aquatics Director | <input type="checkbox"/> Food Service Director |
| <input type="checkbox"/> CIT Director | <input type="checkbox"/> Craft Director | <input type="checkbox"/> Assistant Cook |
| <input type="checkbox"/> Program Director | <input type="checkbox"/> Program Assistant* | <input type="checkbox"/> Kitchen Assistant |
| <input type="checkbox"/> Health Director/Nurse | <input type="checkbox"/> Cabin Counselor (overnight) | <input type="checkbox"/> Camp Babysitter |
| <input type="checkbox"/> Day Camp Director | <input type="checkbox"/> Day Camp Counselor | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Camp Clerk/Secretary | <input type="checkbox"/> Other: _____ | *Program Area _____ |

Some positions have required and/or preferred age requirements:

Will you be at least 16 years of age by June 26? Yes No (Requirement for day camp)

Will you be at least 18 years of age by June 26? Yes No (Preferred/DOH for overnight camp)

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 (Some positions/transportation)

Will you be at least 25 years of age by June 26? Yes No (Required for Director/transportation)

Camp Experience:

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

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. _____

Building Strong and Vibrant New York Communities

4-H Camp Shankitunk is operated by Cornell Cooperative Extension of Delaware County. Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities.

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:			

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

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?

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Cornell Cooperative Extension is an affirmative action/equal opportunity employer and educator.

To apply for a temporary position, complete the entire application. Sign the completed application. If you need additional space please attach a supplemental sheet.

Applicants for regular, non-temporary positions must apply online via Workday (www.workday.cornell.edu).

GENERAL

NAME (LAST)		(FIRST)	(MIDDLE)	DATE OF APPLICATION	
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)			DAYTIME TELEPHONE	EVENING TELEPHONE	
ADDRESS WHERE YOU MAY BE CONTACTED IF DIFFERENT FROM CURRENT ADDRESS			CELL PHONE	EMAIL ADDRESS	
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, you will be required to provide valid working papers prior to employment.)			HAVE YOU EVER WORKED, VOLUNTEERED OR INTERNERED FOR CCE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please describe in the box to the right.)	CCE PREVIOUS AFFILIATION (INCLUDE ASSOCIATION, TITLE, DURATION, AND REASON FOR LEAVING, ETC.) Text Enabled? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is your eligibility to work in the United States based upon an employment visa? <input type="checkbox"/> YES <input type="checkbox"/> NO			If your employment will require a visa, please indicate the type of visa you current hold and the expiration date:	Will you now or in the future require sponsorship to be eligible to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	

POSITION

POSITION APPLYING FOR	DATE AVAILABLE
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HERE DID YOU LEARN OF THIS POSITION OPENING

<input type="checkbox"/> Newspaper	SPECIFY	<input type="checkbox"/> State Employment Office	SPECIFY
<input type="checkbox"/> School/ Career Center	SPECIFY	<input type="checkbox"/> Internet	SPECIFY
<input type="checkbox"/> Cornell Cooperative Extension	SPECIFY	<input type="checkbox"/> Other	SPECIFY

SUBJECT MATTER/ BACKGROUND Select background relevant to CCE positions: (please check all that apply)

<input type="checkbox"/> 4H/Youth Development	<input type="checkbox"/> Human Development
<input type="checkbox"/> Administration	<input type="checkbox"/> Natural Resources and Environment
<input type="checkbox"/> Agriculture and Small Business Management	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Animal Science	<input type="checkbox"/> Plant Science
<input type="checkbox"/> Community and Economic Development	<input type="checkbox"/> Other: _____

EXPERIENCE RELEVANT TO THIS POSITION (I.E. PROFESSIONAL, INTERNSHIPS, VOLUNTEER, COMMITTEE MEMBERSHIPS, 4-H MEMBER ETC.) AND NUMBER OF YEARS INVOLVED:

Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities. Individuals who bring a diverse perspective and are supportive of diversity are strongly encouraged to apply.

EMPLOYMENT RECORD Please list previous employers, beginning with most recent

1	EMPLOYER	START DATE	END DATE
STREET ADDRESS, CITY, STATE, ZIP CODE			PHONE
POSITION TITLE		POSITION DUTIES (INCLUDE NUMBER AND TYPES OF PEOPLE SUPERVISED)	
DESCRIBE ANY PROMOTIONS OR NEW ASSIGNMENTS DURING THIS EMPLOYMENT			
HOURS WORKED PER WEEK _____ HOURS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	SUPERVISOR NAME	SUPERVISOR TITLE	REASON FOR LEAVING
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NOTE: If you are one of the final candidates, it will be necessary to confirm all of your previous employment listed.			

2	EMPLOYER	START DATE	END DATE
STREET ADDRESS, CITY, STATE, ZIP CODE			PHONE
POSITION TITLE		POSITION DUTIES (INCLUDE NUMBER AND TYPES OF PEOPLE SUPERVISED)	
DESCRIBE ANY PROMOTIONS OR NEW ASSIGNMENTS DURING THIS EMPLOYMENT			
HOURS WORKED PER WEEK _____ HOURS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	SUPERVISOR NAME	SUPERVISOR TITLE	REASON FOR LEAVING

3	EMPLOYER	START DATE	END DATE
STREET ADDRESS, CITY, STATE, ZIP CODE			PHONE
POSITION TITLE		POSITION DUTIES (INCLUDE NUMBER AND TYPES OF PEOPLE SUPERVISED)	
DESCRIBE ANY PROMOTIONS OR NEW ASSIGNMENTS DURING THIS EMPLOYMENT			
HOURS WORKED PER WEEK _____ HOURS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	SUPERVISOR NAME	SUPERVISOR TITLE	REASON FOR LEAVING

EDUCATION				
INSTITUTION	CITY, STATE	MAJOR	MINOR	TYPE OF DEGREE RECEIVED
INSTITUTION	CITY, STATE	MAJOR	MINOR	TYPE OF DEGREE RECEIVED
INSTITUTION	CITY, STATE	MAJOR	MINOR	TYPE OF DEGREE RECEIVED

REFERENCES

List four persons, other than personal friends or relatives, who have knowledge of your work experience and/or education.

Please include at least one person who has previously supervised your work.

NAME	TITLE	MAILING ADDRESS	PRIMARY TELEPHONE EMAIL
NAME	TITLE	MAILING ADDRESS	PRIMARY TELEPHONE EMAIL
NAME	TITLE	MAILING ADDRESS	PRIMARY TELEPHONE EMAIL
NAME	TITLE	MAILING ADDRESS	PRIMARY TELEPHONE EMAIL

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 the selection process I am encouraged to contact the Cornell Cooperative Extension (CCE) at 607-255-6120 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 pre-employment 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.

SIGNATURE	DATE	RESUME ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Please note- application must be completed thoroughly, even if resume is attached. Incomplete applications will not be considered.</small>
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