



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
w. 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
w. ccedelaware.org

EMPLOYMENT APPLICATION

Please print or type clearly.

Name: _____
Last First Middle

Date of Application

Current Address _____
Street City State Zip

Home Phone

Other Address: _____
Street City State Zip

Cell Phone: Ok to Text: Yes or No? (circle)

E-mail: _____

When are you available? Note: Camp is in session from June 28th – August 7th From: _____ To: _____
No visa sponsorship or relocation assistance are provided for this position.

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

- _____ Aquatics Director
- _____ Assistant Camp Director
- _____ Assistant Cook
- _____ Babysitter
- _____ Cabin Counselor (overnight)
- _____ Cabin Counselor/Unit Leader
- _____ Camp Director
- _____ CIT Director
- _____ Clerk/Secretary
- _____ Day Camp Counselor
- _____ Day Camp Director
- _____ Food Service Director
- _____ Health Director/Nurse
- _____ Health Assistant
- _____ Kitchen Assistant
- _____ Maintenance/Custodial Asst.
- _____ Media Assistant
- _____ Other: _____
- _____ Program Assistant: Crafts
- _____ Program Assistant: Day Camp
- _____ Program Assistant: General
- _____ Program Assistant: Science Ctr
- _____ Program Director
- _____ Weekend Coordinator

Some positions have required and/or preferred age requirements:

Working papers for youth under 18 years of age are required.

Will you be at least 16 years of age by June 28? ____ Yes ____ No

(Requirement for day camp)

Will you be at least 17 years of age by June 28? ____ Yes ____ No

(Required for overnight camp counselor)

Will you be at least 18 years of age by June 28? ____ Yes ____ No

(80% Requirement per for overnight counselor)

Will you be at least 21 years of age by June 28? ____ Yes ____ No

(Requirement for some positions/transportation)

Will you be at least 25 years of age by June 28? ____ Yes ____ No

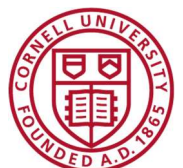
(Requirement for Director/Assistant Director positions/transportation)

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/Career Center
<input type="checkbox"/>	Radio	<input type="checkbox"/>	Employment Agency
<input type="checkbox"/>	Web/social media	<input type="checkbox"/>	Other:

Putting Knowledge to Work



Education: High School and beyond

School/Institution	City, State	Degree Completed	Major

Camp Experience:

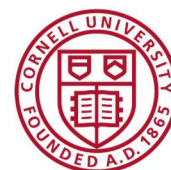
Dates	Camp	Sponsoring Agency: 4-H, Scouts, Private	# of years as a Camper	Staff Yes/No	Position

Employment History: Please list previous employers beginning with the most recent.

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

Certification(s): Please attach a copy 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:			



Please list three (3) activities you feel qualified to lead. *Activities we currently offer are listed at <https://campshankitunk.org/learn-skills-in-classes/>*

1. _____ 2. _____ 3. _____

Please list three (3) activities you feel confident assisting.

1. _____ 2. _____ 3. _____

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

1. _____ 2. _____ 3. _____

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

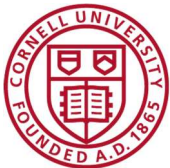
Please share what “belonging” means to you:

What can you offer in the way of a positive growth experience to children attending 4-H Camp Shankitunk?

What impact(s) do you think a well-run camp experience can have on youth?

References: Please list three 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	Organization, Title	Email Address	Phone



CORNELL COOPERATIVE EXTENSION ASSOCIATION IMPORTANT NOTICE TO APPLICANTS

EQUAL EMPLOYMENT OPPORTUNITY Cornell Cooperative Extension is an employer and educator recognized for providing equal program and employment opportunities in accordance with applicable laws.

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 Jacquelyn "Jake" VanLoan (HR) at Cornell Cooperative Extension (CCE) Delaware County at 607-865-6531 or emailing jv485@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 Signature: _____ **Date:** _____ **Resume Attached?** ☐ YES ☐ NO

Your completed application and references should be sent directly to:

Cornell Cooperative Extension Delaware County
Attn: 4-H Camp Shankitunk
34570 State Hwy 10, Suite 2, Hamden, NY 13782
Phone: 607-865-6531
Fax: 607-865-6532
Email: crb222@cornell.edu

