

YOUTH PROGRAMS ADDENDUM

Any previous youth development experience? Y <input type="checkbox"/> or N <input type="checkbox"/>	If yes, as a <input type="checkbox"/> participant <input type="checkbox"/> staff member
Are you: <input type="checkbox"/> 16 years or older <input type="checkbox"/> 18 years or older <input type="checkbox"/> 21 years or older	
Please describe any awards or special recognition that you have received at work, school, or as a volunteer:	
Indicate any special skills and interests such as arts and crafts, drama, sports, aquatics, shooting sports, rock-climbing, nature, or other:	
List any hobbies or special interests you have that might prove beneficial to you as a youth development staff:	
Please tell us why you want to work with youth:	
Explain which age group you would prefer to work with and why:	
Please describe something that you've done at work, school, while volunteering, or at a place of worship that you are especially proud of. (Also, if you have a resume, please attach it.)	

SKILLS DATA

The following skills inventory will be used to assess your strengths in relation to our desire to build a well-balanced staff. Rate each of the following based on this scale. Employment is not contingent upon high ratings in all categories. Please assess yourself honestly.

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Have little or no knowledge and skill in area 2. Have some skill, could assist in teaching/leading activity | <ol style="list-style-type: none"> 3. Considerable skill, could lead and teach without assistance 4. Hold an active certification for this activity |
|---|---|

Camping Applicants Only		
Activities	Outdoor Skills	Other
Arts:	Fire Building:	Foreign Language:
Drama:	Outdoor Cooking:	Campfire Programs:
Skits:	Hiking:	Rocks & Minerals:
Singing:	Survival Skills:	Trees & Plants:
Story Telling:	Compass Use:	Cooking:
Horseback Riding:	Tent Set Up:	Other:
Archery:	Backpacking:	Other:
Riflery:	Minimum Impact:	Other:
Group Games:	Canoeing:	Other:

All Applicants
Certifications
CPR:
First Aid:
Advanced First Aid:
Life Guarding:
Swim Instructor:
Ropes Course:
Rock Climbing:
Drivers License:
Other:

YMCA OF PUEBLO, COLORADO

APPLICATION FOR EMPLOYMENT

PERSONAL REFERENCE FORM

Please give this to a personal reference and have them complete it and return it to:
YMCA of Pueblo; 700 N. Albany Avenue; Pueblo, CO 81003
Fax: 719-543-7960

Applicants Name:	
Position Desired: <input type="checkbox"/> Nursery <input type="checkbox"/> Toddler <input type="checkbox"/> School Age <input type="checkbox"/> Middle School <input type="checkbox"/> Nursery <input type="checkbox"/> Day Camp <input type="checkbox"/> Resident Camp	
I authorize _____ (Name of Reference) _____ to provide relevant information that may be required to arrive at an employment decision.	
Applicant Signature:	Date:

PLEASE MAKE AN (X) IN THE BOX FOR YOUR ANSWER

To the best of your knowledge, is this candidate...

	Never	Mostly	Always	Unknown	Comments
Able to plan time intelligently?					
Willing to cooperate with others?					
Healthy, responsible and energetic?					
Mentally alert?					
Emotionally mature for their age?					
Able to make friends easily?					
Able to finish projects once begun?					
Honest and trustworthy?					
Neat in appearance?					
Willing to accept criticism?					
Responsible and dependable?					
Able to cope in stressful situations?					
Enthusiastic?					
Willing to learn new skills?					

As a parent, would you place your youth in this person's complete care?
How long have you known this applicant?
Generally, how would you rate this person as to their suitability to being a staff member at the YMCA?
In summary, would you recommend this person for employment?

Thank you for taking your time to complete this reference. Please include any additional comments on the back of this reference or include a letter. Please return promptly to the YMCA.

Printed Name	Title	Signature	Date
Street Address	City	State	Zip Phone #

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