



YMCA.  
We Build Strong Kids,  
Strong Families, Strong Communities

Dear Applicant,

Thank you for your interest in working at Mystic Lake YMCA Camp. Mystic Lake YMCA Camp has a long history of excellent staff members. In order to continue in that tradition we are looking for outstanding individuals who will be an asset to our team. If being a positive role model and making a difference in the life of a young person are important to you then I invite you to apply for one of our staff positions.

In this application packet you will find the following information:

- An Employment Application
- Supplemental Application Questions

On our website you will find the following information:

- General Information about working at Mystic Lake
- List of available positions

The success of a camping program does not happen with a great facility alone. It takes the hard work and dedication of a caring, responsible and trustworthy staff. It is the staff at Mystic Lake YMCA Camp that makes every camper feel worthy and accepted regardless of their background. This is done by creating a caring and supportive atmosphere that develops their self esteem and teaches the fore core values of honesty, caring, respect and responsibility.

If you feel you are up to the challenge of being a Mystic Lake YMCA Camp staff, then I look forward to hearing from you. After I receive your completed application and references, I will contact you to set up an interview.

If you need any additional information or have any questions please feel free to contact me at any time. I can be reached at [kschell@ymcaoflansing.org](mailto:kschell@ymcaoflansing.org) or 517-827-9654. I look forward to hearing from you soon.

Sincerely,

Karla Schell  
Program Director

YMCA of Metropolitan Lansing  
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**YMCA Mission:** To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

YMCA of Metropolitan Lansing

# Application For Employment

*"An Equal Opportunity Employer"*



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**YMCA Mission:**

To put Christian principles into practice through programs that build healthy body, mind, and spirit for all.

*Please Print.*

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you 18 years or older?  Yes  No

If you are under 18 years old, can you furnish a work permit?  Yes  No

Do you have legal right to remain and work in the United States?  
(Proof of identity and authorization is required upon employment)  Yes  No

Have you ever been employed by the YMCA of Lansing before?  Yes  No

If yes, give dates: \_\_\_\_\_ Location/Branch \_\_\_\_\_

Have you ever been convicted of a crime? (Other than a minor traffic violation)  Yes  No

If yes, please explain \_\_\_\_\_

Are there any felony charges pending against you?  Yes  No

## Employment Desired

Position Applying for: \_\_\_\_\_

Are you available to work?  Full Time  Part Time  Seasonal

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?  
\_\_\_\_\_

Can you perform the duties of the job in which you wish to be employed?  With accommodation?  
 Without accommodation?

Salary Desired: \_\_\_\_\_ Date available to start work: \_\_\_\_\_

## Physical Record

*Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose any undue hardship on the employer. Handicapped employees and applicants may request an accommodation of their handicap by notifying the YMCA in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the YMCA will preclude any claim that the employer failed to accommodate the handicapper.*

## Education

For reference checking purposes, please indicate any other names under which you worked or obtained your education.

	Name and Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School (GED)				
Vocational/Technical				
College/University				
Graduate/Professional				

## References

*(do not include relatives):*

Name	Address	Phone	Relationship
1.			
2.			
3.			

List any friends or relatives working for the YMCA \_\_\_\_\_

Tell us briefly about yourself—your ambition, qualifications, and reasons for wanting employment with the YMCA.

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## Employment Experience

*(list current or most recent job first):*

May we contact your present employer?  Yes  No

	Dates Employed	Duties Performed
Employer:	From: / /	
Address:	To: / /	
Job Title:	<b>Hourly Rate/Salary</b>	
Supervisor:	Starting: \$	
Telephone Number:	Final: \$	

Reason for Leaving

May we contact this employer?  Yes  No

	Dates Employed	Duties Performed
Employer:	From: / /	
Address:	To: / /	
Job Title:	<b>Hourly Rate/Salary</b>	
Supervisor:	Starting: \$	
Telephone Number:	Final: \$	

Reason for Leaving

May we contact this employer?  Yes  No

	Dates Employed	Duties Performed
Employer:	From: / /	
Address:	To: / /	
Job Title:	<b>Hourly Rate/Salary</b>	
Supervisor:	Starting: \$	
Telephone Number:	Final: \$	

Reason for Leaving

**Those applying for program/child care/physical education positions, complete the following:**

(must submit originals upon hiring)

Name of Certification	Issuing Organization	Type	Expiration
First Aid			
CPR			
WSI			
YSI			
Life Guarding			
Fitness			
Other Certifications (specify)			Dates:
No. of Child Development Credits			School:

**For positions requiring the operation of a motor vehicle**

- Do you have a valid driver's license?  Yes  No
- What state is the license in? \_\_\_\_\_
- Do you possess a youth bus or school bus drivers certificate?  Yes  No

**For positions requiring office machine skills**

Check skills/equipment you have operated:  Fax  PC  Copy Machine  Calculator

List software programs you are able to use: \_\_\_\_\_

Typing Speed (wpm) \_\_\_\_\_

Other office machine skills \_\_\_\_\_

*I hereby authorize the YMCA of Lansing to investigate any and all statements contained in this application for employment. In addition, I specifically authorize the listed prior employers and personal references to furnish any and all pertinent information they may have, regarding any previous employment and personal character, to the YMCA of Lansing. I hereby release all parties from any liability for damages that may result from furnishing such information to the YMCA of Lansing.*

*I understand that the YMCA of Lansing may do a Law Enforcement Network (LEIN) check to see if I have any convictions for child abuse or neglect or other criminal conviction. I understand that this is a condition for my employment and I hereby give the YMCA of Lansing permission to obtain a LEIN check of my record.*

*I certify that the facts contained on this application are true and complete to the best of my knowledge and understand that, if employed falsified statements on this application shall be grounds for dismissal.*

*I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without prior notice.*

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

## Mystic Lake Supplemental Application Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position you are applying for: \_\_\_\_\_

Please fill in the entire form and return it with your application. If extra space is needed, please continue your response on a separate piece of paper.

1. Summarize your extra curricular activities: Please include the group or activity name, your position, and whether this occurred when you were in high school or college.
2. Have you ever been a camper?  Yes  No If yes, what camp(s) did you attend, where is it located, and describe your experience.
3. Have you ever been a member of a camp staff?  Yes  No If yes, list the camp name, year(s) you worked there, position(s), camp address, supervisor name and phone number in the space provided.
4. Describe your strengths and weaknesses.

Please check the correct level or experience of training for the following camp activities:

<b>Program Areas</b>	<b>Little to No Experience</b>	<b>Some Experience</b>	<b>Proficient To Teach</b>	<b>Comments/Certification</b>
Archery				
Basketball				
Canoeing/Boating				
Challenge Courses				
Dance Type of Dance:				
Drama				
Football				
High Ropes or Climbing Wall				
Horseback Riding				
Nature/ Environmental Ed.				
Fishing				
Soccer				
Volleyball				
Adventure Trips				
Hiking and Orienteering				
Swimming Ability				
Mountain Biking				
Music				
Swimming Lessons				
Technical Tree Climbing				