

2009 Application Instructions

Your ICCP application form serves two purposes. First, it is your application to become a part of the YMCA's

International Camp Counselor Program; therefore, it is your opportunity to convince ICCP that you have the maturity, responsibility, and appropriate motivation to fully participate on a cultural exchange program.

Secondly, this form serves a job application for a position at a U.S. summer camp. As such, the neatness, wording, general presentation of the application and supporting materials play an important role in convincing a camp director that you will be an asset to the summer staff.

The information on your application is used to prepare your visa documents. Please make sure the information is accurate.

Personal Information:

Please fill in your name, sex, city of birth, country of birth, resident of, citizen of, date of birth and age as they appear on your passport. The information you provide will appear on your visa documents; mistakes are costly! Reprints of the DS-2019 form will be issued at a \$75.00 U.S. fee.

Please select the earliest date of availability and date due home between May 1st and June 19th. Note: **you must be available for a minimum of 10 weeks work**. Preference is given to applicants who can arrive early and/or stay until the end of August. ICCP will notify applicants of their actual arrival date.

Contact Information:

Please use an address, telephone number and e-mail address that are current as ICCP and camp directors will be contacting you between December and June (be prepared to do your best). **DO NOT USE A POST OFFICE BOX**. If your address, telephone number, or emails address change, please inform your recruiter immediately.

Passport Picture:

Your picture tells a camp director a lot about you. Don't forget to SMILE!

Skills:

Do not be modest; do be honest. Select those skills that you are strongest in. Most camp directors are looking for participants that can teach activities. Check the appropriate boxes, and list all current certifications (*Proof you have taken and passed a course or training*). **Select your top 5 skills (highest to lowest); you must describe them in 50 words or more**. When describing your skills, please include details such as, how long you have been doing that skill, if you are a member of a club, if you have teaching experience, who you have taught, etc. The more detailed information you submit helps camp directors make hiring decisions! Also be prepared to discuss these top skills with you recruiter, during your interview.

Camp & Job Preference for Camp Counselors:

Please check all types of camps you are willing to accept. Please note that all camps are resident except for Day Camps. This means that you will live on the camp premises. Camp directors look for highly flexible individuals motivated to work with **diverse population groups (underprivileged, religious, mentally and physically challenged adults or children campers)**. Applicants, who include specialized camps in their selection, broaden their possibilities for placement. Be aware that previous experience is not a requirement to work at a Special Needs camp, caring for others is!

Support staff applicants: (Office, kitchen, Maintenance, etc)

Support Staff will be placed at any Camp/Host Site. Please note that you must be a student (on the official school break) to apply for a support staff position. You must complete the Proof of Student Status Form and have it signed and stamped by your University. **Student ID is not acceptable.** Maintenance staff will be expected to clean toilets in most camp.

Summer Camp / Leadership:

Describe your experiences working with children, how you will share your culture and what leadership/volunteer positions you have held. Camp directors will use these sections to learn more about you and your personality.

Education:

Please accurately describe your education or employment status.

Personal Attributes / Personal Values / Personal Background:

This section gives you a chance to talk about yourself and your values. Please answer every question. Qualities may include: Sociable, Mature, Trustworthy, responsible, hardworking. Please indicate your denomination, Christian, Catholic, Jewish, other. Attach additional pages if necessary.

Interview Report:

YOUR RECRUITER WILL COMPLETE IT FOR YOU. Be prepared to discuss your top skills during your interview.

The following documents must be submitted in English or with translation

References:

All ICCP applicants must submit two references from university professors, religious/community leaders or employers. References from family members, relatives or friends are NOT ACCEPTABLE.

Health History:

Please complete the Participants Section and then take it to a licensed physician who must complete the rest of this report. Applications missing the health history report will not be accepted. Please indicate physical illness or conditions, which may affect your participation at camp, any allergies or special dietary needs.

Agreement:

Please read the agreement very carefully, confirm the recruiter fee and stipend with your recruiter before signing. Your signature confirms your acceptance and commitment to the terms and conditions of the agreement. ICCP participants commit to a minimum of 10 weeks work

(including camp training) or to the end of camp which ever comes first to be eligible for stipend (determined by ICCP) which is paid directly to participants by the camp.

Police Background Check:

All applicants must submit documentation from their local police attesting that a background check has been done and that the applicant has not committed any crimes.

Certificates, Photos and Attachments:

If you have relevant certifications or photos that will strengthen your application, please add them to the application. Please include your full name on each additional item attached.

Scholarship:

It is the mission of the YMCA to assist persons who might be excluded from privately offered programs and services due to financial limitations. Financial Assistance funds are available allocated from funds raised by YMCA volunteers through the annual current support campaign. To apply for Financial Assistance you must fill out the application form (available from your recruiter) and submit to your recruiter once you are accepted in the program.



**YMCA
OF GREATER NEW YORK**

We build strong kids, strong families,
strong communities

INTERNATIONAL CAMP COUNSELOR PROGRAM

Attach a passport
sized photo here.
**DON'T FORGET TO
SMILE!**

**2009 Application
Personal Information**

First Name: (as it appears on passport)

Middle Name: (as it appears on passport)

Last Name(s): (as it appears on passport)

Male: **Female:** **City of Birth:** **Country of Birth:**

Resident of: **Citizen of:**

Birth Date (Month / Day / Year) **Age as of May 1st 2009:**

Earliest Date of Availability: **Date Due Home:**
(Month / Day / Year) (Month / Day / Year)

Contact Information:

Address: (to be reached at all times - *CANNOT BE A POST OFFICE BOX*)

Street:

City:

State / County:

Postal Code:

Country:

E-mail:

Telephone: (Country Code / City Code / Number)

Mobile/Work Phone: (Country Code / City Code / Number)

When is the best time to contact you?

Emergency Contact Name: **Relationship:**

Emergency Contact Phone Number:

Camp & Job Preference:

Camp Preference: (Check your preferred camp types)

Job Preference: (Check your preferred Job type)

Resident Camp Girl Scout Camp

Religious Camp Special Needs Camp (physically/mentally challenged)
PLEASE COMPLETE PAGE 7 & 8

I will accept a Counselor Position

I will accept a Support Staff Position*

(Support Staff will be placed at any Camp/Host Site. You MUST be a full time student.)

In the event that I arrive unplaced, I am willing to accept any camp type.

Camp Counselor Skills:

Instructions:

- Check each appropriate skill box in which you have basic experience, some teaching experience, able to teach and certification.

	Experience as a Participant Can Assist Teaching Can Teach	Able to Teach and Organize	Certificate		Experience as a Participant Can Assist Teaching Can Teach	Able to Teach and Organize	Certificate		Experience as a Part Can Assist Teaching	Can Teach	Able to Teach and Organize	Certificate
WATER SKILLS				SPORTS				COMPUTER				
Lifeguard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Archery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computer Programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Riflery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Web Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kayaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Graphic Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canoeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Motor Boating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rugby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PERFORMING ARTS				
Row Boating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Singing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rowing / Crew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Puppetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water-Skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weight Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sailing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windsurfing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surfing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U.S. Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Play Directing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scuba Diving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Costume Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snorkeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Martial Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tumbling Circus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Rafting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rollerblading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MUSIC				
				Skateboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guitar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PIONEERING				Cricket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking / Backpacking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primitive Camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Rock Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARTS AND CRAFTS				SPECIAL SKILLS				
Abseiling / Rappelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jewelry Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orienteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Group Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Candle Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forestry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Ropes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nature Craft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Environmental Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Ropes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Potters Wheel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Bike Tripping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceramic Kiln	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER				
Bike Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leather Craft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mountain Biking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Woodworking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Metal Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HORSE BACK RIDING				Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sketching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Western Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stained Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Creative Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELIGION				Hand Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bible Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious Devotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Digital Photo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Photo Darkroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Radio Broadcast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Support Staff Skills:

	Basic Experience Some Experience Proven Work Experience	Basic Experience Some Experience Proven Work Experience		Basic Experience Some Experience Proven Work
KITCHEN			MAINTENANCE	
Dish Washing	<input type="checkbox"/>	<input type="checkbox"/>	Auto Driving	<input type="checkbox"/>
Food Preparation	<input type="checkbox"/>	<input type="checkbox"/>	Boat Repair	<input type="checkbox"/>
Inventory Control	<input type="checkbox"/>	<input type="checkbox"/>	House Painting	<input type="checkbox"/>
Kitchen Aid	<input type="checkbox"/>	<input type="checkbox"/>	Carpentry	<input type="checkbox"/>
Professional Baker	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning	<input type="checkbox"/>
Restaurant Cooking	<input type="checkbox"/>	<input type="checkbox"/>	Electrical	<input type="checkbox"/>
Waiting Tables	<input type="checkbox"/>	<input type="checkbox"/>	Laundry	<input type="checkbox"/>
			Lawn Mowing	<input type="checkbox"/>
			OFFICE	
			Computer Entry	<input type="checkbox"/>
			Computer Technology	<input type="checkbox"/>
			Filing	<input type="checkbox"/>
			Typing	<input type="checkbox"/>
			Telephone Reception	<input type="checkbox"/>
			OTHER	
			Horse Care	<input type="checkbox"/>

DRIVERS LICENSE

Commercial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tractor Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Van Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Security / Night Watch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe your Five Strongest Camp Counselor Skills:

Five Strongest Camp Counselor Skills: (Include all specialty skills. Be specific about your experience in each skill. Attach additional pages if necessary. Please indicate your full name on attachments)

Skill 1:

Skill 2:

Skill 3:

Skill 4:

Skill 5:

Describe your Five Strongest Support Staff Skills:

Five Strongest Support Staff Skills: (Be specific about your experience in each skill. Attach additional pages if necessary; please indicate your full name on attachments)

Skill 1:

Skill 2:

Skill 3:

Skill 4:

Skill 5:

Special Needs Camp Skills:

Instructions:

Special Needs Camps offer a unique opportunity for you to work with a very special population of campers. Although Camp Directors seek staff with prior experience, lack of experience does not exclude you from working at a Special Needs Camp. The Most important quality is to be willing and able to care for others.

The work is challenging but extremely rewarding!

- Check each appropriate box. All boxes must be checked.
- Note: Most special needs camps have a combination of mentally and physically challenged campers. **On average participants working at a special needs camp will spend approximately 20% of their time doing jobs listed below and 80% leading or being involved in traditional camp activities.**

- I am willing to work with adult campers only**
- I am willing to work with children only**
- I am willing to work with both adults and children**

Experience: (Lack of experience does not exclude you from working at a Special Needs Camp)

Have you had experience with:

Describe your experience:

	YES	NO
Children who are Mentally Retarded (to age 21)	<input type="checkbox"/>	<input type="checkbox"/>
Teenagers who are Mentally Retarded	<input type="checkbox"/>	<input type="checkbox"/>
Adults who are Mentally Retarded	<input type="checkbox"/>	<input type="checkbox"/>
Children with Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Children who are Emotionally Disturbed	<input type="checkbox"/>	<input type="checkbox"/>
Children or Adults with Seizure Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Teenagers with Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Children or Adults who are Blind	<input type="checkbox"/>	<input type="checkbox"/>
Children or Adults who are Deaf	<input type="checkbox"/>	<input type="checkbox"/>
Children with Speech Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Persons who are Physically Disabled	<input type="checkbox"/>	<input type="checkbox"/>
Persons Suffering from Chronic illness	<input type="checkbox"/>	<input type="checkbox"/>
Persons Suffering from Terminal illness	<input type="checkbox"/>	<input type="checkbox"/>

Special Skills:

Are you physically / emotionally able to maintain the dignity of a camper while:

Describe your experience:

	YES	NO	Willing & Able if Trained
Assisting with lifting/transferring to and from wheel chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisting with Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diapering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisting to Bathe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisting to use the Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Knowledge

Do you have training or knowledge of:

Describe your knowledge and trainings:

	YES	NO	Willing & Able if Trained
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding Spoken Language (Lisp/Stutter/Slur)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning and Disposing of Body Fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior Management Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Attributes: (Caring and Compassionate)

Why do you wish to work at a special needs camp?

What do you hope to learn from working with special needs campers?

Summer Camp: Have you previously worked in a camp in your home country? YES NO

Have you previously worked at a U.S. Summer camp? YES NO

If Yes, how many years?

Name of Camp: State where camp is located?

Would you like to return to the same camp? YES NO

If No, please explain why and include a reference from your former U.S. camp director.

Please describe your previous camp experience?

Please describe your experience working directly with Children:

Why have you decided to work at a camp during summer 2009?

How will you share your culture at camp?

Education:

Are you currently a Full-Time Student? YES NO

Name of University? Name of Certificate program?

Name of Degree program

When is your University break?

How many years is your Degree program?

What year of study are you in?

If not a student, are you employed? YES NO If yes, are you Full or Part time?

Name of Employer?

What is your job title:

Select your occupation field: [Drop Down Menu](#)

Personal Attributes:

What are your strongest qualities?

What quality would you like to improve and why?

Do you prefer to work alone or in a team? Explain:

How would you describe your personality to someone who does not know you?

Personal Values:

As a participant of a YMCA program, regardless of your placement site, you will be a role model to everyone with whom you have contact. As such, you are expected to model positive values, such as Caring, Honesty, Respect and Responsibility. Please describe your own personal values.

ICCP works with camps of all religious backgrounds. **If you have indicated that you would accept a placement at a Religious Camp, please discuss the role of religion in your life.**

(attach additional pages if necessary)
Please indicate your current denomination: Christian Catholic Jewish other _____
Would you feel comfortable working at a camp outside of your denomination? YES NO

Please explain why or why not:

Leadership:

What leadership / volunteer positions have you held?

Are you a member of the YMCA or YWCA? YES NO
Have you been a: Boy Scout YES NO If yes, for how long?
Girl Guide YES NO If yes, for how long?

Personal Background:

Do you smoke? YES NO
If yes, would you be willing to not smoke at camp? YES NO
Have you ever been convicted of a crime? YES NO
Have you ever been accused and / or convicted of child abuse? YES NO
Have you ever applied for a visa to the U.S.? YES NO
If yes, in what year:
Was this visa granted? YES NO
Reason for denial: Date:
Have you ever worked in the U.S. under a J-1 Visa.? YES NO
If yes, how many years?

Name of J-1 sponsor:

Have you ever traveled outside your home country? YES NO

If YES, please describe your experience:

List the name/s of any friends or relatives living in the U.S.

Name:
Address:
City: State: Zip Code:
Telephone:

2009 Participant Agreement

Before you finalize your application for the International Camp Counselor Program (ICCP) it is essential that you understand the areas of responsibility as indicated below. If you have any questions please ask your Recruiter for clarification before you sign this Agreement. This agreement is your contract with the International Camp Counselor Program, ICCP.

Authorization and Definition of Terms

- ICCP is authorized by the U.S. government to conduct a program of international exchange. ICCP is known as the Program Sponsor (ICCP will *not* be your employer)
- ICCP has authorized an individual in your country to be our official representative, to interpret our program, recruit and provide other services to applicants for a fee. That person is known as the Recruiter.
- A qualified person interested in applying for the ICCP program is interviewed in their home country by the recruiter. That person is known as the Applicant. Once an applicant has actually been assigned a placement by the ICCP staff and has arrived in the U.S., the person is known as a Program Participant.
- ICCP works with several hundred camps in the U.S. interested in hiring international young people to serve as staff for their summer program. The camp is known as the Employer.

General Areas of Responsibility:

The ICCP Recruiter will:

- Establish relationship with U.S. embassy
- Interpret and promote the program
- Recruit, interview, and pre-select applicants in compliance with ICCP standards
- Determine the eligibility of applicant for the program and visa
- Forward applications and fees to ICCP in New York by established deadline
- Relay placement information to applicants in a timely manner
- Assist with visa process, as needed
- Provide a comprehensive mandatory pre-departure orientation
- Conduct and submit evaluations
- Attest to the accuracy of the information contained in interview reports, applications and police background checks
- Translate all submitted documents
- Verify all participant references
- Submit to ICCP copies of all information distributed to applicants; submit additional information as requested by ICCP
- Collect accurate international travel information for each participant and forward to ICCP two weeks prior to arrival
- Promptly inform ICCP of any cancellations or changes in application information or participant plans
- Ensure that applicant understands the terms of the agreement before signing
- Submit an emergency telephone # to ICCP and be available to assist ICCP with any problems/emergencies that may arise with participants
- Monitor participants' return home and submit report to ICCP by November 1

ICCP (Program Sponsor) will:

- Provide promotional materials to recruiters and applicants
- Initiate and monitor the placement process of applicants
- Determine final selection of applicants
- Process visa application forms for participants and forward them to recruiters
- Relay one way domestic travel information to camp to the recruiter
- Provide up to 17 weeks of accident/illness insurance for participants which meets U.S. government mandated standard
- Provide material for an orientation in the home country
- Provide 24 hour assistance and support services to recruiters, camps and participants, as needed
- Maintain compliance with U.S. government J-1 visa regulations
- Conduct evaluations and share results with recruiters
- Maintain a problem case file and forward to recruiter

The U.S. Camp (Employer) will:

- Provide the participant with an employment contract prior to arrival to camp outlining rules, regulations, and the participant's job responsibilities
- Provide participant with a position that matches the position arranged with ICCP
- Pay ICCP a program fee for each international participant

- Pay cost of one-way domestic transportation to camp from selected designated airport or city
- Submit one way domestic travel information to ICCP
- Notify ICCP of participant arrival to camp within 5 days of arrival
- Provide staff training covering camp rules, policies and on-going supervision
- Notify ICCP immediately if a problem arises with a participant, providing written documentation of incidents or warnings given to participant prior to termination
- Provide a participant with a minimum of 24 hours off each week (of which at least 12 hours must be continuous) and with assistance with transportation off campsite on days and evenings off. Support staff may not work more than 10 consecutive hours per day
- Pay stipend, as determined by ICCP, to the participant for ten weeks of work (including staff training) or to the end of camp which ever comes first.

NOTES: (No FICA or FUTA can be deducted from this amount as J-1 participants are exempt).

The U.S. Camp (Employer) will: (continued)

- The Stipend is the minimum net amount to be given to participants. Check with your State Labor Board to be sure that these amounts comply with the state minimum wage laws.
- The standard resident camp season is ten weeks (70 days) and the standard day camp season is eleven 5-day weeks (77 days), plus one week of staff training. The Stipend amount is based on these standard seasons (no pro-ration of the ICCP fee or stipend will be given if camp contracts a participant for less than the standard ten weeks).
- For work beyond the ten weeks camps must pay ICCP participant the same wage that an American counselor would earn (some camps may have a longer summer season)
- The fee to ICCP and the Stipend to staff are calculated from the day after the staff member arrives at camp, including the staff training; however, if a participant arrives earlier than the staff orientation for a certification-training course sponsored by the camp, their ten week contract will be effective on the first day of the camp's general staff orientation
- Full payment of stipend **MUST** be made to participant before participant leaves camp.
- Provide general liability insurance
- Provide room & board or arrange home stay/host family (if a day camp) for duration of program
- Conduct evaluations and submit to ICCP

The Applicant (Participant) will:

- Provide accurate and complete application information
- Accept the placement arrangements made by ICCP
- Promptly inform ICCP recruiters of cancellations, changes in application information or participant plans
- Accept and abide by all the regulations of the Exchange Visitor Visa (as explained in participant handbook) and return home prior to the expiration date on the visa
- Comply with all camp rules, policies, regulations and performance standards
- Be responsible for own expenses related to food and lodging if arriving to U.S. prior to the arrival date assigned by ICCP
- Notify ICCP of arrival to camp within 5 days and of whereabouts when not on camp premises
- ICCP participant commits to a minimum of 10 weeks work (including camp training) or to the end of camp which ever comes first to be eligible for stipend (determined by ICCP) which is paid directly to participant by the camp (**NOTE: some camps may have a longer summer season**)
- Contact ICCP immediately concerning a serious camp problem, after first consulting with the camp director
- Be responsible for own expenses related to all travel from camp at the end of the camp work assignment, and for all other personal expenses incurred from end of camp until return home including medical expenses not covered by ICCP insurance.
- **In the event of early departure from the camp by an International staff person without proper notification, consultation and approval by ICCP, that person will reimburse ICCP for a pro rate amount of the ICCP service fee to be refunded to the camp**
- Be responsible for all expenses (food, lodging, travel) if employment is terminated by camp or if participant leaves camp before the end of the season until placed at another camp if it is so determined by ICCP staff
- ICCP may terminate this contract and send a participant home at the participant's expense in the event participant does not comply with the above terms

Fees: (There are other fees involved in this program (Flights, visa application), please consult with your recruiter for more information)

ICCP Application Fee

\$

(This fee is non-refundable if applicant is cancelled from the program. Applicants rejected by ICCP or are denied a visa will receive an \$65 refund)

Recruiter Fee

\$ _____

Participant Stipend

\$ _____

\$ _____ **Camp Counselor or**

\$ _____ **Support Staff/Special Needs Counselor**

Limited Scholarship funds are available!

Please contact your recruiter for an application form



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INTERNATIONAL CAMP COUNSELOR PROGRAM

Agreement: (Confirm recruiter fee and participant stipend with your recruiter before signing this agreement)

Applicants Name (PRINT):

If applicant is under 21, parent or guardian must agreed:

Parent/Guardian Name (PRINT):

Parent/Guardian Signature: _____

This is if it is a paper application.

I have read, understand, and agree to the above terms and conditions

Applicants Signature: _____

This is if it is a paper application.



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Recruiter Code:
Examples: ESPA, CY, USEC)

**2009 Interview Report
(For Recruiters Use Only)**

Interviewer 1 Name:

Date:

Occupation (Title)

Interviewer 2 Name:

Date:

Occupation (Title)

English Proficiency Rating:

Native English Speaker YES No

Oral: 1 2 3

Comprehension: 1 2 3

Definitions Of Ratings:

1 = Excellent Non-Native Speaker.

2 = Good Non-Native Speaker. (Able to speak easily with few grammatical errors. Good comprehension at normal conversational pace)

3 = Fair Non-Native Speaker. (Speaks with obvious effort & frequent pauses)

Where did the applicant learn English?

Does the applicant have the opportunity to practice English on a regular basis? YES NO

Explain: _____

Has the applicant ever been to an English speaking country? YES NO

Name: _____ **E-mail address:** _____

Camp Counselor/Support Staff: (Circle position applied for)

Strongest Skills Evaluation: (Which among the applicant's strongest listed skills from page 2 would be relevant to the position applied for)? Comment on their ability to teach and/or assist in these areas

Skill 1 _____ **This will be populated from the Top Skills..**
(Describe)

Skill 2 _____ **This will be populated from the Top Skills..**
(Describe)

Skill 3 _____ **This will be populated from the Top Skills..**
(Describe)

Skill 4 _____ This will be populated from the Top Skills..
(Describe)

Skill 5 _____ This will be populated from the Top Skills..
(Describe)

I have reviewed this application and verified all references and certificates

Recruiters Signature: _____ Date: _____

Interview Report Notes:

ICCP recruiters must use this space to detail answers from question sections.

1. Job motivation

2. Work/Volunteer History

3. Most Significant Accomplishments

4. Building One-on-One Relationships

5. Playfulness

6. Managing Stress, Frustration, and Anger

7. Values and Integrity

8. Problem-Solving Questions

9. Why are you recommending this applicant to a summer camp?

Does the applicant have visible tattoos or piercing? Yes/No Describe: _____

Does the applicant smoke? Yes/No Willing to quit at camp? _____

Counselor:

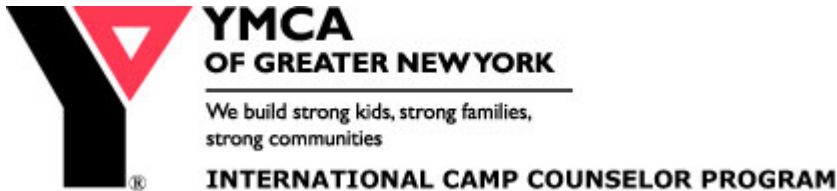
Swimming level: (Circle one) Beginner/Intermediate/Advanced/Certified Lifeguard

Experience with children: _____

Support Staff:

Is the applicant willing to clean toilets? Yes/No

Notes: _____



2009 Reference Form (Instructions)

YMCA International offers young people from around the world opportunities to experience life in the United States while sharing their culture in a variety of settings. Participation in a YMCA International Program is not a low-cost ticket to travel to the USA nor is it a moneymaking venture. It is an opportunity to participate in cultural exchange while making an important contribution to American communities.

The person who has given you this form is applying for a YMCA International opportunity. In order to complete this reference form, you are expected to be knowledgeable about the applicant's attributes and personality.

You must be either a teacher, coach, tutor, employer, spiritual advisor to complete this reference form.

References from family members or friends will not be accepted

If you feel you do not meet these criteria and/or you are a close friend or relative of the applicant, please do not complete this form. Have the applicant contact our representative for assistance.

It is essential that we receive an honest and objective assessment of the applicant. Please complete all sections on the reverse side. Print or type clearly. Return this form to the applicant upon completion.

Thank you.

International YMCA Program Descriptions:

International Camp Counselor Program (ICCP) offers 18-30 year olds the opportunity to join the staff of U.S. summer camps as **counselors and support staff.**

Participants in **Counselor Positions** share their culture with American children while providing direct supervision, program instruction, and in many cases, must live with the campers. Camp life is demanding. It means long hours with little free time or privacy, and sometimes under rustic conditions. The ideal candidate must love children, be warm and caring and possess a good sense of humor, as well as being inexhaustibly energetic, organized, flexible, outgoing, able to make mature judgments and capable of working well with others. Most candidates will have to lead activities in English in which they have expressed proficiency. Applicants must be able to meet these challenges.

Support Staff participants are full time university students working in summer camps during their school break. Participants work in kitchens, on the campgrounds, in the camp office. The work is very demanding and participants must have strong motivation for hard work. Responsibilities do not include direct supervision of the campers.



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INTERNATIONAL CAMP COUNSELOR PROGRAM

2009 Reference Form

Name of applicant:

Your name as reference:

Address:

Phone: E-Mail:

What is your relationship to the applicant?

If you have employed this applicant, describe their responsibilities?

How long have you known the applicant?

When was your last contact with the applicant?

Please rate the personality and suitability of the applicant for the camp position applied for:

	Excellent	Good	Fair	Poor
Attitude				
Adaptability				
Responsibility				
Resourcefulness				
Enthusiasm				
Leadership				
Initiative				
Patience				
Sense Of Humor				
Cooperation				

Based on your experience, how does the applicant relate to other people?

What would you consider to be the applicant's best program skills and personality strengths for working at camp?

How well do you think the applicant could teach these skills at camp?

Would you employ the applicant to teach these skills and work with children? YES NO

Signature: Date: Is this a translation? YES NO



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INTERNATIONAL CAMP COUNSELOR PROGRAM

2009 Health History

Participant Section:

Name:

Male: Female: Age: Date Of Birth: (Month / Day / Year)
M D Y

Address:

Telephone: (Country Code / City Code / Number)

IN AN EMERGENCY PLEASE NOTIFY:

Name:

Address:

Telephone: (Country Code / City Code / Number)

Physician Section:

TO THE PHYSICIAN: This person will serve up to four months in the USA as a leader in summer camp for children/adults or as support staff in the kitchen, office, or maintenance department of a summer recreational facility. Your careful examination and written recommendations will encourage physical wellness and safe participation in strenuous activities.

Health History:

Check each appropriate box and give approximate dates.

Immunization History:

Please give approximate dates. Required immunizations are determined by each U.S. state. Participant should ask U.S. site director which are required.

	YES	NO	DATE
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Malaria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fainting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

	DATE
Tuberculosis (TB)	<input type="text"/>
Polio	<input type="text"/>
Tetanus	<input type="text"/>
Measles	<input type="text"/>
Typhoid	<input type="text"/>
Tuberculin Test	<input type="text"/>
Diphtheria	<input type="text"/>
Mumps Measles	<input type="text"/>

Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
German Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Rubella (German Measles)	<input type="text"/>
Other	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>

Health History Questions:

Does the participant have any allergies? (Examples: Hay Fever, Poison Ivy, Insect Stings, Penicillin, Other Drugs, Foods or Animals)	YES <input type="checkbox"/> NO <input type="checkbox"/>	DETAILS <input type="text"/>
Has the participant had any operations?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DETAILS <input type="text"/>
Does the participant suffer from any Chronic or recurring illnesses?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DETAILS <input type="text"/>
Does the participant currently have a medical condition requiring the regular intake of medication?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DETAILS <input type="text"/>
Does the participant have any history of emotional or mental disturbances?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DETAILS <input type="text"/>
Has the participant ever suffered from an eating disorder?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DETAILS <input type="text"/>

Current Health status:

	Satisfactory	Unsatisfactory	Not Examined		Satisfactory	Unsatisfactory	Not Examined		Satisfactory	Unsatisfactory	Not Examined
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Appraisal:

Special Diet (vegetarian, etc)

Any restrictions on: Swimming/Diving YES NO Camping/Hiking YES NO

Strenuous Activities YES NO Other _____ YES NO

Does participant smoke? YES NO

Would participant be prepared NOT to smoke at camp? YES NO

Any visible tattoos or body piercing? YES NO DETAILS

How often does participant consume Alcohol? Never Daily Weekly Monthly
Special Occasions only

(For Females) Is menstrual history normal? YES NO DETAILS

(For Females) Are you pregnant? YES NO

FOR PHYSICIAN: (I have examined this person and have reviewed the health history. It is my opinion that this person is physically able to engage in strenuous activities, except as noted above).

Signature: _____ Date: _____

Telephone: _____ Address: _____

FOR PARENTS / GUARDIANS OF PARTICIPANT IF UNDER 21: (In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the U.S. site director to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child as named above.

Signature: _____ Date: _____

PLEASE NOTE: Each ICCP participant has been provided with an illness and accident Insurance claim form. This form may be filled out and taken to the doctor's office and/or hospital and/or sent directly to the Insurance Company along with all bills pertaining to the illness or injury. Accident and Health insurance is only provided while the participant is on the ICCP Program. Please note: Pre-existing conditions will not be covered.

**THERE IS A \$10 CO-PAY PER VISIT UNLESS ACCIDENT OR SICKNESS PERTAINS TO THE INITIAL VISIT.
If medical history changes you must submit a new health history form to your recruiter.**