



# Uniontown YMCA

## 2026 Camp Counselor Application

### Applicant Information

Full Name:			
Preferred Name (optional):		Email:	
Phone:		Age/DOB:	
Street Address:			

### Availability

Due to vacation or prior commitments, what dates will you **not** be available?

\_\_\_\_\_

Reasonings why:

\_\_\_\_\_

### Certifications & Training (MUST attach copies if a box is checked)

- CPR/AED     First Aid     Lifeguard     Water Safety Instructor (WSI)     Child Abuse Prevention  
 Mandated Reporter     Food Handler

Other: \_\_\_\_\_ Expiration: \_\_\_\_\_

### Experience & Skills

Briefly describe relevant experience (work, volunteer, coaching, mentoring, childcare, aquatics, fitness, customer service):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work Eligibility & Background**

I am legally authorized to work in the U.S.  I am at least 18 years of age or older.

Have you ever been convicted of a crime? (Answering 'Yes' does not automatically disqualify you.)  Yes  No

If yes, please explain (optional at this stage):

\_\_\_\_\_

**References: MUST BE COMPLETED TO BE CONSIDERED (at least one non-family)**

Name:		Relationship:	
Phone:		Email:	

Name:		Relationship:	
Phone:		Email:	

Name:		Relationship:	
Phone:		Email:	

**Consent & Acknowledgments**

By signing below, I certify that the information provided is true and complete to the best of my knowledge. I understand that the YMCA may conduct reference checks, background checks, and/or verify certifications as permitted by law and YMCA policy.

Applicant Signature:	Date:
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\*Can email application to [youth@uniontownymca.org](mailto:youth@uniontownymca.org)

**BELOW THIS LINE IS FOR YMCA STAFF USE ONLY**

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ID Verified     Background Check Initiated     Reference Check Completed     Interview Scheduled