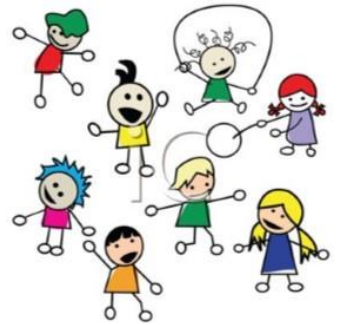


Rec Jobs

Ages 16 to adult

After School Rec Program:

- **Supervisor**
- **Counselors**



Teen Leadership Council

- **Advisor**
- **Assistant**



TO APPLY:

- Read enclosed Job Descriptions
- Complete application and supplement
- Distribute references to be submitted



www.beekmanrec.com



TOWN OF BEEKMAN

Recreation Department
29 Recreation Center Road
Hopewell Junction, NY 12533
845-227-5783 Fax: 845-227-9685
recdirector@townofbeekmanny.us



Position Description

Job Title: Recreation Assistant/Activity Aide, Min. age 16

Reports to: Activity Supervisor

Classification: Seasonal hourly \$10.40

Job Requirements: At least 16 years of age, experience working with children, good role model, loves to help kids have fun, first aid and CPR certification or willingness to attain same, reference check.

Description of Duties/Responsibilities: include, but not limited to:

- Conduct self as a Role Model for children including:
 - Demonstrating a good work ethic
 - Maintaining professional and courteous relationship with parents and other recreation staff members at all times
 - Maintaining professional attitude and appearance at all times
- Attend training sessions as required
- Attend certification classes as required
- Arrive at designated time prior to program start time unless otherwise specified
- Help with overall set up
- Oversee activities of participants
- Maintain paperwork as required including: attendance, buddy check sheet, first aid incident reports, dismissal log
- Lead fun and interesting activities for participants
- Ensure all participants are engaged in the activity
- Participate in activities with children
- Facilitate the development of friendships between participants
- Adhere to Rec Department Behavior and Discipline guidelines
- Do related work as required
- Maintain safety in designated area
- Maintain professional attitude and appearance at all times
- Assists with clean up at end of programs
- Meet with Supervisor for evaluations

I have read and understand the above information relating to my employment with the Beekman Recreation Department

Signature

Date

Name Printed

T-shirt size

Parent Signature

Date

TOWN OF BEEKMAN

Recreation Department
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Hopewell Junction, NY 12533
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Job Title: Recreation Assistant/Activity Supervisor, Age 21 desired

Reports to: Recreation Director

Classification: Off-Season hourly \$13.25

Job Requirements: Preferred 21years of age, college degree, experience supervising staff and working with children, good role model, loves to help kids have fun, first aid and CPR certification or willingness to attain same, reference check.

Description of Duties/Responsibilities: include, but not limited to:

- Conduct self as a Role Model for youth including:
 - Demonstrating a good work ethic
 - Maintaining professional and courteous relationship with parents and other recreation staff members at all times
 - Maintaining professional attitude and appearance at all times
- Builds relationships with participants
- Facilitates the development of friendships between participants
- Implements engaging, developmentally appropriate activities
- Arrives prior to program start time to:
 - Review program needs
 - Gather supplies
 - Set up activities
 - Organize required paperwork
- Maintains paperwork as required including: attendance, buddy check sheet, first aid incident reports, dismissal log
- Attends training sessions as required
- Attends certification classes as required
- Supervises all staff by:
 - Assigning staff to designated stations/activities
 - Ensuring all staff have safe and creative ideas for running their activities
 - Circulating among all stations, throughout the duration of the program
 - Ensuring all positions are staffed throughout the duration of the program
 - Ensuring all staff are interacting with participants at their activities
 - Ensuring all participants are engaged in activities
- Adheres to Rec Department Behavior and Discipline guidelines
- Does related work as required
- Maintains safety in designated area
- Maintain professional attitude and appearance at all times
- Ensures safety of all staff and participants
- Ensures the cleanup and locking up of all facilities

I have read and understand the above information relating to my employment with the Beekman Recreation Department.

Signature

Date

Name Printed

T-shirt size

TOWN OF BEEKMAN

Recreation Department
29 Recreation Center Road
Hopewell Junction, NY 12533
845-227-5783 Fax: 845-227-9685
recdirector@townofbeekmanny.us



Job Title: Recreation Assistant/Activity Supervisor serving as Teen Advisor

Classification: Part-time

Requirements: Age 21 or over preferred, age 18 minimum; First Aid and CPR preferred or willingness to acquire; flexibility to facilitate weekly meetings as requested, monthly trips or events as requested; ability to relate well with tweens, teens and their parents; and references.

Experience Preferred: Facilitating tween & teen groups; problem solving; negotiating, mediating and resolving conflicts; project adventure facilitation; team building; leadership training.

Reports to: Recreation Director

Description of Duties/Responsibilities include, but are not limited to:

- Be a positive representative of Beekman Recreation both within the program and the community
- Model character values and integrate values activities into the program
- Develop relationships with the participants to know the interests and abilities of each, and work with the Teen Advisor to create opportunities to help them to reach their potential
- Facilitate activities and learning experiences to develop leadership skills and opportunities to practice them in real life settings
- Administer club activities and paperwork, permission slips, etc.
- Supervise the club both locally and on all trips
- Secure and manage resources locally (supplies, speakers, conferences, trips, etc.)
- Work with community leaders to help develop meaningful service projects
- Serve as a resource to club members by helping youth in carry out their roles, and exercise judgment
- Complete other related work as required

Schedule: During the school year there shall be two hour workshop meetings each week; trips, service projects, and Rec events monthly; and an annual leadership overnight.

I have read, understand and agree to the above information relating to my work with the Beekman Recreation Department.

Signature

Date

Dutchess County General Application (see page 1 for specific instructions)

1. Title of Position _____

Exam Number(s) (if applicable) _____

www.dutchessny.gov

For Office Use Only

Approved _____
 Conditional _____
 Disapproved _____

Fee Paid _____ Waiver _____

2. Social Security Number: _____ - _____ - _____

3. _____

Last Name	First Name	Initial
-----------	------------	---------

Address _____

City	State	Zip
------	-------	-----

Day Phone _____	Evening Phone _____
-----------------	---------------------

4. State your permanent legal residence for each of the geographic areas below, indicating the length of continuous residence to date. Village of Wappingers Falls residents should also include town.

	Area	Yrs/Mos
School District	_____	_____
Village/Town/City	_____	_____
County of	_____	_____
State of	_____	_____

5. If you are under 18 years of age, can you provide proof of your eligibility to work? Yes _____ No _____

6. If the position you are applying for has minimum or maximum age limits (see announcement), please enter your date of birth:
 Month _____ Day _____ Year _____

7. Are you currently a U.S. citizen?
 Yes _____ No _____

If "No", give alien registration number: _____

8. Have you ever served in the Armed Forces of the United States on a full-time active duty basis other than active duty for training purposes? Yes _____ No _____

If "No", omit questions 9 through 12. If "Yes", refer to Veterans Credits instruction sheet, available upon request.

9. Did you serve in the Armed Forces of the United States during any of the following periods? Yes _____ No _____

- A. December 7, 1941 to December 31, 1946
- B. June 27, 1950 to January 31, 1955
- C. February 28, 1961 to May 7, 1975
- D. August 2, 1990 to "end of such hostilities"
- E. U.S. Public Health Service: July 29, 1945 to December 31, 1946, or June 27, 1950 to July 3, 1952

10. Did you receive an expeditionary medal for any of the following conflicts? Yes _____ No _____

- A. Lebanon - June 1, 1983 to December 1, 1987
- B. Grenada - October 23, 1983 to November 21, 1983
- C. Panama - December 20, 1989 to January 31, 1990

11. Are you classified as: (Check appropriate)
 A non-disabled war veteran _____
 A disabled war veteran _____

12. Since January 1, 1951, have you used additional credits as a veteran for appointment to any position in the public employment of New York State or any of its civil divisions?
 Yes _____ No _____

13. Do you possess certification as an Exempt Volunteer Firefighter? Yes _____ No _____

14. If you have been employed by the County of Dutchess or by any civil division therein (city, town, village, school district or special district), please state location(s) and dates:

Location: _____ Dates: _____

15. For examination purposes only:
 Indicate if you desire accommodation because you ...

- _____ ... cannot be tested on the announced exam date due to a conflict with a religious observance or practice.
- _____ ... are a handicapped individual and require the following assistance or accommodations:

Dutchess County General Application

Exam Fee Waiver Request

All examinations offered by Dutchess County currently require a non-refundable processing fee. This fee will be waived in accordance with Civil Service Law Section 50.5(b) for candidates who certify they are unemployed *and* primarily responsible for the support of a household, *or* who are receiving public assistance.

Yes	No	
_____	_____	I am unemployed, primarily responsible for the support of a household, and cannot be claimed as a dependant on another person's tax return.
_____	_____	I am currently receiving Supplemental Security Income (SSI) payments.
_____	_____	I am currently on Medicaid.
_____	_____	I am currently receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance). Case number: _____ (must be entered)
_____	_____	I am currently certified for Job Training Partnership Act /Workforce Investment Act programs.

I affirm that the information I have provided is true under the possible penalties of disqualification and perjury.

Signature _____ Date _____

Affirmation and Authorization to Investigate and Release

The undersigned applicant hereby affirms that the statements made on this application and any attached papers or documents are true under the penalties of disqualification and perjury.

The undersigned applicant hereby authorizes the Department of Human Resources of the County of Dutchess or its agents to investigate matters necessary for the verification of the qualifications of the applicant. Such authorization shall include the right to examine any and all records, files, histories or other information relating to the applicant in the possession of any federal, state or municipal authority, corporation, agent or person. Furthermore, such investigation may include a criminal background investigation, which would require a fingerprint check, to determine overall suitability for employment. Failure to meet standards for the background investigation may result in disqualification. The applicant voluntarily releases from liability all persons or entities supplying or collecting such information.

Signature _____ Date _____

Dutchess County General Application (Complete in full – attaching a resume is *not* sufficient)

Name _____ Position / Exam _____
 Address _____ Phone (day) _____
 _____ Phone (evening) _____

16. LICENSES	Title / Issuing Agency	License Number	Original Date of Issue	Expiration Date
Trade / Professional	_____	_____	_____	_____
Driver	Do you have a valid license to operate a motor vehicle in New York? Yes _____ (Class _____) No _____			

17. EDUCATION AND SKILLS	Name / Location	Dates Attended	F/T or P/T	# Yrs	Major / Type of Course	# of Crds	Degree Earned / Date Awarded
College, Trade or Technical School / Special Courses / Continuing Education	_____	_____	_____	_____	_____	_____	_____
High School	Name of School / Issuing Agency _____ Address _____						
	Graduated? Yes _____ No _____		Indicate Equivalency Diploma Number if Applicable _____ Indicate Last Grade Completed _____				
Keyboarding	Indicate typing / keyboarding experience and whether from work, training or both: _____						
Computers	Indicate program experience in the following types of software and whether from work or training: word processing _____ spread sheet _____ database management _____ other _____						
Languages	Indicate languages other than English and general level of ability in speaking, reading and writing: _____ _____						

18. WORK EXPERIENCE	List most recent experience first. Attach additional sheets if necessary. A resume is not sufficient. _____ Check to indicate you do not wish your present employer to be contacted at this time.	
Length of Employment Mo/Yr Mo/Yr From To	Firm Name	Address
Hours per Week	Duties (indicate % of time for each) _____	
Earnings	_____	
Title	_____	
Type of Business	_____	
Supervisor	_____	
Supervisor's Title	_____	

Dutchess County General Application

18. WORK EXPERIENCE (Cont'd)

(Attach additional sheets if necessary, following this format. A resume is not sufficient You must indicate months and hours worked per week to receive credit for work experience.)

Length of Employment Mo/Yr Mo/Yr From: To:	Firm Name: _____ Address: _____
Hours per Week: _____ Earnings: _____ Title: _____ Type of Business: _____ Supervisor: _____ Supervisor's Title: _____	Duties (indicate % of time for each) _____ _____ _____ _____ _____
Length of Employment Mo/Yr Mo/Yr From: To:	Firm Name: _____ Address: _____
Hours per Week: _____ Earnings: _____ Title: _____ Type of Business: _____ Supervisor: _____ Supervisor's Title: _____	Duties (indicate % of time for each) _____ _____ _____ _____ _____
Length of Employment Mo/Yr Mo/Yr From: To:	Firm Name: _____ Address: _____
Hours per Week: _____ Earnings: _____ Title: _____ Type of Business: _____ Supervisor: _____ Supervisor's Title: _____	Duties (indicate % of time for each) _____ _____ _____ _____ _____
Length of Employment Mo/Yr Mo/Yr From: To:	Firm Name: _____ Address: _____
Hours per Week: _____ Earnings: _____ Title: _____ Type of Business: _____ Supervisor: _____ Supervisor's Title: _____	Duties (indicate % of time for each) _____ _____ _____ _____ _____

Application Supplement



Town of Beekman Recreation & Parks
 29 Recreation Center Road, Hopewell Junction, NY 12533
 845-227-5783 845-227-9685F

recdirector@townofbeekmanny.us www.townofbeekman.com



PRINT CLEARLY

Last Name	First Name	Middle Initial	Email that you check DAILY!
Home Phone	Cell Phone	Cell Provider	

Indicate the programs you are applying to work:

_____ Teen Leadership Council Advisor or Assistant, Mondays 6pm – 9pm along with monthly events

_____ I am applying to work in the After School Program on the following days from 3:00pm-6:30pm:

Monday	Tuesday	Wednesday	Thursday	Friday

_____ I am applying to work in School’s Out Camp on Half Days, 11:30am-6:30pm

_____ I am applying to work in School’s Out Camp on Full Days off from School, 8:30am-4:30pm

Describe any leadership experiences you have had: _____

Please describe any interests or skills that you could share with Rec members: _____

List updated certifications, licenses and trainings (**Please enclose a copy**):

<u>Type</u>	<u>Expires</u>	<u>Type</u>	<u>Expires</u>
Project Adventure _____	_____	CPR (Type) _____	_____
Community First Aid _____	_____	Lifeguard _____	_____
AED _____	_____	WSI _____	_____
RTE _____	_____	Lifeguard Management _____	_____
EMT _____	_____	Lifeguarding Instructor _____	_____

Please turn OVER to complete the back and sign

List 3 non-relatives and non-peers who can attest to your character, work ethic and ability to do the type of work you are applying to perform

NAME & EMAIL	ADDRESS	PHONES	POSITION/ TITLE

- I certify that the statements made on submitted materials are true and correct to the best of my knowledge.
- I understand that any misinformation, falsification or failure to disclose pertinent information will result in the termination of my services.
- I authorize all present or prior employers, educational institutions and the individuals listed by me, to release to Beekman Recreation, any information relevant to my application, including information about my employment record, and hereby release them from liability and responsibility for doing so.
- I understand that Beekman Rec reserves the right to conduct a criminal background check.
- If hired I agree to consent to random blood and alcohol testing and that failure to submit to such testing immediately shall be grounds for dismissal.
- I understand that any offer of employment is contingent upon:
 - My supplying documentation to substantiate my identity and employment eligibility sufficient to complete the I-9 Form required by the Federal Immigration and Control Reform Act of 1986
 - My scheduling, paying for, and partaking in, a physical and a drug test at TEK Occupational Services, Inc., 1075 Rte. 82, Hopewell Junction within 3 days of any job offer.
 - I understand that Town of Beekman will reimburse me for the \$100 fee if I pass the test and accept the position.

Applicant Signature

Date

For minors, a Parent/guardian signature indicates agreement with all of the above:

Parent/Guardian Printed Name

Parent/Guardian Signature

Town of Beekman Recreation & Parks

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REQUEST FOR REFERENCE

The person named below has given your name as a reference in applying for a position in the Town of Beekman Recreation & Parks Department. It is important that Rec staff are hard working, honest, creative, respectful and responsible. We appreciate your evaluating as carefully as possible the applicant. Our consideration for employment of the applicant depends on your response. Your prompt attention to this matter will be appreciated. Thank you very much for your time and consideration.

APPLICANTS: Complete this box before distributing

I _____ am applying to be a _____
Applicant's Name List positions applying for

at the Town of Beekman, Recreation & Parks Department. I request that _____
complete this form as a reference for this position/s.

_____ I have retained my right of access to this reference
_____ I have waived my right of access to this reference

Date _____ Applicant's Signature _____

REFERENCES: Complete this section and back side of page

- How long and in what capacity have you known the applicant? _____

- If applicant worked for you, would you rehire? Yes _____ No _____ Explain: _____

- The Parks are drug, alcohol and smoke-free facilities. How would the applicant fit in such an environment? _____

- To your knowledge, what is the ability of the applicant to get along with:
children: _____
peers: _____
adults of a different generation: _____

OVER PLEASE

5. Please indicate your judgment of the applicant in the following areas:

	Excellent	Good	Weak	No Opportunity to know	Comments
Courteousness					
Friendliness					
Work ethic					
Respectfulness					
Communication skills					
Exhibits initiative/is a self-starter					
Completes undesirable tasks cheerfully					
Creativity					
Demonstrates responsibility					
Cooperates well with co-workers					
Has a positive attitudes toward persons of other races, nationalities and religions					
Willingly and cheerfully follows direction and advice from a supervisor					
Has ability to relate well with adults					
Has ability to relate well with children					
Willingly accepts criticism and improves					
Exhibits common sense					
Demonstrates maturity					
Has integrity					
Exhibits loyalty					
Can be flexible					
Has a positive attitude					
Is Prompt					

6. How would you rate applicant as a potential Recreation & Parks staff member and year-round role model?

_____ Below Average

_____ Above Average

_____ Average

_____ Exceptionally Qualified

7. Please make any additional comments you think might be helpful to us in determining whether this applicant has the qualifications to work with in a recreational setting.

Signature _____ Occupation: _____

Home Phone _____ Work Phone _____ Cell _____

Address _____ Town _____ State _____ Zip _____

Email _____ Date _____

Office Use ONLY

Reference Verified: _____ Date: _____ Supervisor: _____

Comments:

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Date _____ Applicant's Signature _____

REFERENCES: Complete this section and back side of page

- How long and in what capacity have you known the applicant? _____

- If applicant worked for you, would you rehire? Yes _____ No _____ Explain: _____

- The Parks are drug, alcohol and smoke-free facilities. How would the applicant fit in such an environment? _____

- To your knowledge, what is the ability of the applicant to get along with:
children: _____
peers: _____
adults of a different generation: _____

OVER PLEASE

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- If applicant worked for you, would you rehire? Yes _____ No _____ Explain: _____

- The Parks are drug, alcohol and smoke-free facilities. How would the applicant fit in such an environment? _____

- To your knowledge, what is the ability of the applicant to get along with:
children: _____
peers: _____
adults of a different generation: _____

OVER PLEASE

