



CITY OF BOSTON
MARTIN J. WALSH, MAYOR
WILLIAM MORALES, COMMISSIONER

March 1, 2016

Dear Potential Staff Member:

I am writing to inform you that a recommendation has been made for you to be considered for employment with Boston Centers for Youth & Families' Camp Joy program during summer 2016.

To apply for a position with BCYF's Camp Joy program, please visit the City of Boston's human resource website at <http://www.cityofboston.gov/ohr/careercenter>. If you fail to complete the application online you will not be considered for employment with Camp Joy. Please understand that due to budget restraints, titles are not guaranteed to be the same as last year.

In addition to the online application you complete through the City of Boston, in order to be considered for employment for Camp Joy you must also:

- Submit the attached staff immunization form which must be filled out by your physician.
- Submit current CPR/First Aid certification documents. If you need to update your certifications, you can reach out to these resources:

www.cprboston.org
www.lifesavers911.com

PLEASE NOTE THAT CHOKESAFE **IS NOT** CPR / FIRST AID CERTIFICATION

NO ONLINE CPR OR FIRST AID CLASSES WILL BE ACCEPTED

Please be advised that if you plan on working with Camp Joy for the 2016 Summer Session, you will receive your first check at the end of the summer session.

Attached to this letter, you will find dates and information that are critical to your employment with Camp Joy. Please take the time to review this information and save the dates, as they are all mandatory!

I want to take this opportunity to thank you for your ongoing commitment to working with children, teens and young adults with disabilities in a positive, friendly environment. Your cooperation is appreciated as we continue to work to build high-quality programs in Boston.

Please feel free to contact me directly at (617) 635-4920 ext. 2402 with any questions.

Sincerely,

Roberta Smalls
Program Manager

BCYF Blackstone
BCYF Charlestown
BCYF Cleveland
BCYF Clougherty Pool
BCYF Condon
BCYF Curley
BCYF Curtis Hall
BCYF Draper Pool
BCYF Flaherty Pool
BCYF Gallivan
BCYF Golden Age
BCYF Grove Hall
BCYF Hennigan
BCYF Holland
BCYF Hyde Park
BCYF Jackson/Mann
BCYF Leahy-Holloran
BCYF Madison Park
BCYF Mason Pool
BCYF Menino
BCYF Mildred Avenue
BCYF Mirabella Pool
BCYF Nazzaro
BCYF Ohrenberger
BCYF Paris Street
BCYF Paris Street Pool
BCYF Perkins
BCYF Pino
BCYF Quincy
BCYF Roche
BCYF Roslindale
BCYF Shelburne
BCYF Tobin
BCYF Tynan
BCYF Vine Street

Administrative Offices
1483 Tremont Street
Boston, MA 02120
Phone: 617-635-4920
Fax: 617-635-4524
cityofboston.gov/bcyf
Facebook: BCYFBoston
Twitter: BCYFCenters

Every Neighborhood,
One Mission



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Camp Joy Dates and Important Information

- Please be sure to complete an online application by **May 6, 2016**.
- You must come into BCYF's office, which is located at 1483 Tremont Street, 4th floor to complete the CORI/SORI forms and hiring package from **May 9 – May 31, 2016**. You will need to bring in a valid government issued ID. One of the following is sufficient: **Drivers License, MA State ID, or Passport**.

Your employment with Camp Joy is dependant upon cleared CORI/SORI.
May 6, 2016 is the last day for returning employees to apply for a position.
Please come ASAP from 9:00AM – 4:00PM (Monday – Friday)
May 9, 2016 through May 31, 2016

During this time you will be required to bring in the following documentation to complete the hiring package:

- Proof of Boston residency is required. Copies of two (2) utility bills, i.e. gas, electric, phone (landline only) and/or oil bill in your name are required. If you do not have any utility bills in your name, an **affidavit** from the person you are living with accompanied by copies of two (2) of their utility bills will be accepted.
- You are required to bring in a copy of a "valid government issued ID and a social security card" or your "passport".
- You must bring a "voided check" or a bank statement if you want direct deposit.

**The hiring packet is needed to ensure that you get paid,
and will not be processed without the required documentation.**

Wednesday, July 6, 2016 (9:00AM – 3:00PM)

- Staff orientation and training at the Jackson Mann School located at 500 Cambridge Street, Allston.

Thursday, July 7, 2016 (8:00AM – 2:00PM)

- Campers assigned to counselors by Supervisor
- Counselors will call parents- initial contact/introduction – Assistant Supervisors will insure all families are called.

Friday, July 8, 2016 (8:00AM – 2:00PM)

- Open house for parents and guardians (**10:00AM-12:00PM**) conducted by Supervisor.
- **Mandatory meeting with nurses and parents of children requiring medication to be administered during camp hours (12:00PM – 1:00PM).**

Monday, July 11 – August 5, 2016 (8:00AM-2:00PM)

- **CAMP DATES (August 5th is a half day for campers 8AM-12:45PM. Staff is required to stay to clean up Camp Joy areas).**

BCYF Blackstone
BCYF Charlestown
BCYF Cleveland
BCYF Clougherty Pool
BCYF Condon
BCYF Curley
BCYF Curtis Hall
BCYF Draper Pool
BCYF Flaherty Pool
BCYF Gallivan
BCYF Golden Age
BCYF Grove Hall
BCYF Hennigan
BCYF Holland
BCYF Hyde Park
BCYF Jackson/Mann
BCYF Leahy-Holloran
BCYF Madison Park
BCYF Mason Pool
BCYF Menino
BCYF Mildred Avenue
BCYF Mirabella Pool
BCYF Nazzaro
BCYF Ohrenberger
BCYF Paris Street
BCYF Paris Street Pool
BCYF Perkins
BCYF Pino
BCYF Quincy
BCYF Roche
BCYF Roslindale
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BCYF Camp Joy Summer 2016

Session Dates: July 11, 2016 – August 5, 2016

(Employment Dates: July 6, 2016 – August 5, 2016)



STAFF APPLICATION

RETURN APPLICATION TO:

Boston Centers for Youth & Families

1483 Tremont Street

Boston, MA 02120

Attention: Roberta Smalls

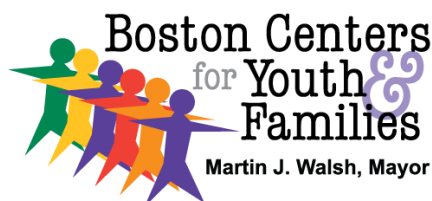
Phone: (617) 635-4920 ext. 2402

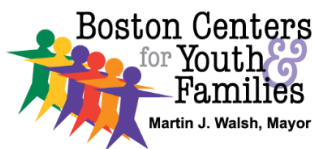
Fax: (617) 635-5074

www.cityofboston.gov/bcyf

INCOMPLETE OR ILLEGIABLE APPLICATIONS WILL NOT BE ACCEPTED.

*"This camp complies with regulations of the MA Department of Public Health
and is licensed by the local board of health."*





CAMP JOY SUMMER 2016 STAFF APPLICATION

Position Applying For: _____ Returning Staff? ☐ Yes ☐ No

Name: _____

Home Address: _____

City: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email address: _____

Race/Ethnic Category (optional—not required to answer):

☐ White (non-Hispanic origin)

☐ Black (non-Hispanic origin)

☐ Asian or Pacific Islander

☐ American Indian or Alaska Native

Are you a person with a disability (optional—not required to answer)? ☐ Yes ☐ No

If yes, describe disability: _____

Do you need a reasonable accommodation to perform the essential functions of this position? ☐ Yes ☐ No

If yes, describe disability: _____

Have you ever been injured in an industrial accident? ☐ Yes ☐ No

If yes, when did this occur: _____

If yes, describe the nature of injury: _____

Name of employer: _____

Address of employer: _____

Military Status: ☐ Non-Veteran ☐ Veteran ☐ Active Reserve

Are you a disabled Veteran? ☐ Yes ☐ No If yes, what % of disability? _____

Are you currently employed by the City of Boston or County of Suffolk? ☐ Yes ☐ No

If yes, what is your position and department? _____

If yes, what is your employee identification number? _____

EMERGENCY CONTACTS: In case of emergency please contact:

Contact Name: _____

Relationship to Employee: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Home Address: _____

City: _____ Zip Code: _____

Contact Name: _____

Relationship to Employee: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Home Address: _____

City: _____ Zip Code: _____

EDUCATION:

High School: _____ Graduation Date: ____/____/____

College: _____

Major: _____ Graduation Date: ____/____/____

Graduate School: _____

Major: _____ Graduation Date: ____/____/____

CERTIFICATIONS:

Are you certified to teach in Massachusetts? ☐ Yes ☐ No

If yes, please indicate area of certification: _____

Are you a certified LPN, RN or PA? ☐ Yes ☐ No

If yes, please indicate area of certification: _____

Water Safety Instructor: ☐ Yes ☐ No

First Aid/CPR Certified: ☐ Yes ☐ No

QUALIFICATIONS AND EXPERIENCE (you may attach a current resume):

Position: _____

Type of Business: _____

Description of Duties: _____

Dates of Employment: ____/____/____ to ____/____/____ Salary/Wages: _____

Name of Employer: _____

Employer Address: _____

City: _____ Zip Code: _____

Position: _____

Type of Business: _____

Description of Duties: _____

Dates of Employment: ____/____/____ to ____/____/____ Salary/Wages: _____

Name of Employer: _____

Employer Address: _____

City: _____ Zip Code: _____

Position: _____

Type of Business: _____

Description of Duties: _____

Dates of Employment: ____/____/____ to ____/____/____ Salary/Wages: _____

Name of Employer: _____

Employer Address: _____

City: _____ Zip Code: _____

REFERENCES: (AT LEAST TWO MUST BE PROFESSIONAL REFERENCES)

Contact Name: _____

Relationship to Employee: _____

Phone: (_____) _____ Email Address: _____

Address: _____

City: _____ Zip Code: _____

Contact Name: _____

Relationship to Employee: _____

Phone: (_____) _____ Email Address: _____

Address: _____

City: _____ Zip Code: _____

Contact Name: _____

Relationship to Employee: _____

Phone: (_____) _____ Email Address: _____

Address: _____

City: _____ Zip Code: _____

I understand that if I am employed and if any statement herein is not true, or if my references are not entirely satisfactory to my employer, I may be released immediately. I understand employment may depend on acceptable results of a physical examination. I hereby authorize my prospective employer to verify the accuracy of all my statements, or pre-employment qualifications contained in this application.

My present employer may be contact: ☐Yes ☐No

I hereby certify that the above information and statements are true under the pains and penalties of perjury.

Applicant's signature: _____ **Date:** ____/____/____

In addition to this application, you are also **REQUIRED** to attach the following forms:

- ☐ Current Physical Form (completed by physician within 2 years)
- ☐ Current Immunization Records

**ALL STAFF ARE REQUIRED TO HAVE A
CRIMINAL OFFENDERS RECORD CHECK (C.O.R.I) AND A SEXUAL OFFENDERS RECORD CHECK (S.O.R.I)**

Equal opportunity will be afforded to all applicants regardless of race, color, gender, age, religious creed, disability, psychiatric treatment, or military status.

430.150 b

Health Records (Staff)

STAFF HEALTH HISTORY: (PLEASE PRINT)

Name:	_____	DOB: ____/____/____
	Last First Middle	
Home Phone Number:	_____	Cell Phone Number _____
Home Address:	_____	_____
	Street City State Zip	
Mailing Address:	_____	_____
	Street City State Zip	

EMERGENCY CONTACT INFORMATION: (PLEASE PRINT)

Emergency Contact Person Name	_____
	Last First Middle
Address:	_____
	Street City State Zip
Home Phone Number:	_____
Cell Phone Number	_____
Name of Staff Members Physician	_____
Phone Number	_____
Address:	_____
	Street City State Zip

Health History: Have you ever had the following (check off that apply)

Diseases	Allergies	Chronic or Recurring Illness
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Animals	<input type="checkbox"/> Ear Infections
<input type="checkbox"/> Measles	<input type="checkbox"/> Food	<input type="checkbox"/> Heart Defect/Disease
<input type="checkbox"/> German Measles	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Seizures/Convulsions
<input type="checkbox"/> Mumps	<input type="checkbox"/> Insect Bites	<input type="checkbox"/> Bleeding Disorders
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Medicine	<input type="checkbox"/> Asthma
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Kidney	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Fatigue
	<input type="checkbox"/> Drugs	<input type="checkbox"/> Diabetes
	<input type="checkbox"/> Plants	<input type="checkbox"/> Musculoskeletal Disorders
	<input type="checkbox"/> Pollen	<input type="checkbox"/> Arthritis
	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Sinusitis
		<input type="checkbox"/> Frequent Headaches
		<input type="checkbox"/> Other (specify) _____

Operations/serious injuries (e.g. Fractures, etc.) _____

Special Medication: _____ If yes, please specify: _____

Date of last Tetanus shot: _____ Date of last TB test: _____

Staff Members Signature*

Date

430.152

BOSTON CENTERS FOR YOUTH & FAMILIES – CAMP JOY
STAFF/CAMPER IMMUNIZATION FORM
Required Immunization for Campers and Staff

STAFF/Campers NAME: _____

Signature of a physician or a nurse in the name of a physician is required to meet the State of Massachusetts requirements for summer day camps.

	For Campers & Staff < 18 years of age	For Campers & Staff ≥ 18 years of age Unless born before 1957	<u>Date Issued</u> <u>Must be completed</u> <u>by a physician</u>
MMR 1	2 doses measles, 1 dose mumps 1 dose rubella	2 doses measles 2 1 dose mumps 2 1 dose rubella	
POLIO	≥ 3 doses of either inactivated poliovirus vaccine (IPV) or oral poliovirus vaccine (OPV). If mixed schedule or IPV/OPV was used, 4 doses are required	No Requirement	
DTaP/DTP/DT/Td	≥ 4 doses DtaP/DTP/DT or ≥ 3 doses Td3 A booster dose of Td is required for all campers and staff who will be entering <ul style="list-style-type: none">grades 7 – 104 if it has been more than 5 years since the last dose of DtaP/DTP/DT;Grades 11 & 125 if it has been more than 10 years since the last does of DtaP/DTP/DT/Td. (Tdap is also acceptable.)	≥ 3 doses DtaP/DTP/DT/Td. A booster dose of Td is required if > 10 years since the last dose of DtaP/DTP/DT/Td vaccine. (Tdap is also acceptable.)	
Hepatitis B	3 does for all children born on or after January 1, 1992	No requirement	

*** If a titer was done, please provide a copy of the date administered and the results**

Date of last Physical:

Physician's Signature

M.D.

Print/Type Physician's Name