

2021 MONTVALE RECREATION SUMMER CAMP **APPLICATION FOR *NEW COUNSELORS ONLY***

MAIL YOUR APPLICATION PACKET AND A SMALL PHOTO OF YOURSELF BY
MARCH 1 TO:

Montvale Borough Hall, ATTN: Recreation Department, 12 Mercedes Drive, Montvale, NJ 07645

APPLICANTS MUST BE AVAILABLE DURING THE
BELOW CAMP DATES AND COUNSELOR TRAINING:

Monday-Friday June 28 - July 23 (Off July 2)

Summer Camp Counselor Hours: 8:30AM-1:00PM

Adventure Camp (Trips Camp) Counselor Hours: Two Days Per Week- 8:00AM-2:45PM

Three Days Per Week- 8:00AM-1:00PM

Mandatory VIRTUAL Counselor Training: Dates/Times To Be Announced

All NEW applicants must be interviewed virtually. Please make sure that your email and phone number are **neatly** written on the application. A camp director will be contacting you to set up the interview.

Summer Camp Directors

Ms. Dent



Mr. Kevin



Mr. LoPresti



Mrs. LoPresti



Adventure Camp Directors

Mrs. Carlisle Mrs. Daniel



APPLICANTS MUST FULLY COMPLETE THE BELOW APPLICATION THEMSELVES. APPLICATIONS THAT ARE FILLED OUT BY ANYONE OTHER THAN THE APPLICANT WILL NOT BE CONSIDERED.

Please e-mail the Recreation Director with any questions:

Lisa Dent- MontvaleRecreation@montvaleboro.org

Please feel free to keep this informational page and return the rest of the packet

NEW COUNSELOR APPLICATION

Name: _____ Date: _____

Email: _____ Birthdate: _____
(month/day/year)

Address: _____
(House Number & Street) (Town) (State, Zip)

Cellphone Number _____ Age (as of June 25): _____

Parent/Guardian Name & Phone Number: _____

Parent/Guardian Name & Phone Number: _____

Position applying for: ☐ Head Counselor ☐ Assistant Counselor ☐ Counselor-in-Training
(Volunteer)

Will you be able to work Monday-Friday 6/28/21-7/23/21 (Off July 2)?

☐ YES ☐ NO

Education

School	Current Grade

Camp or Related Experience & Other Employment (list most recent employment first)

Date	Camp or Company	Duration	Experience

References (Do not list relatives or those listed on this application)

Name	Phone	Relationship

Certifications

Type	Organization	Exp. Date

Activities: (Clubs, Athletics, etc.)

Questionnaire

Name: _____

1. What, in your opinion, are your top three skills, you possess that will prove to be an asset to the position you are applying for?

2. Write a brief summary of past camp experience and/or training which will help make you an effective staff member.

3. What is your favorite sport or hobby?

4. Why do you want to work as a summer recreation counselor?

5. What character qualities do you possess that would be useful as a camp counselor?

6. What skills do you think you excel at?

7. How would you expect a camper to benefit from an experience in your group?

8. State qualities you possess that would ensure a positive working relationship with other counselors.

9. Which age group do you prefer to work with? (Rank 1-4 with 1 being your first preference)

☐ 1st-2nd Graders

☐ 5th Graders

☐ 3rd-4th Graders

☐ 6th-7th Graders*(Adventure Camp)

*If you would like to work in Adventure Camp, please note the hours on the cover page.

IMPORTANT

If you are hired for a paid counselor position and are under 18 years old, working papers are required before you start camp. State law requires that campers and staff have a physical examination within a one-year period before arriving at camp and verification of this physical by your physician is required on your working papers. These working papers will be mailed with your employment acceptance letter if you are chosen as a paid counselor this summer. Working papers must be returned PRIOR to the start of camp.

I (applicant) certify that the information in this application is correct and completed only by the applicant themselves. By signing the below, I also acknowledge that I have fully read through the attached New Jersey Covid-19 Youth Summer Camp Standards and will adhere to/implement all standards and procedures to the best of my ability for the duration of my involvement in camp.

Signature of Applicant_____

Date_____

If applicant is under 18 years old, either a parent or guardian must additionally sign below and the attached acknowledgement waiver. The below signature indicates this application is made with full approval of parent/guardian.

Signature_____

Date_____

Relationship to Applicant_____

Borough of Montvale Recreation Summer and Adventure Camp

ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, commonly known as COVID-19, has been declared to be a worldwide pandemic by the World Health Organization (WHO). SARS-CoV-2 (the virus that causes COVID-19) and the related illnesses and medical conditions called COVID-19 and Multi-System Inflammatory Syndrome in children are extremely contagious. They are believed to spread primarily through close person to person contact, even with asymptomatic individuals. There is no known 100% effective vaccination(s), immunizations or cure for these pandemic illnesses.

As the number of cases continue to decline statewide, the Governor issued Executive Orders 149 & 153, which allows for various outdoor activities, including recreational activities, summer camp and outdoor pool operations to resume under certain conditions on or after June 22, 2020. With the reopening of these activities, the Municipality has implemented a number of preventive measures to reduce the spread of COVID-19. However, there cannot be a guarantee that you or your child(ren) will not become infected as a result of leaving your home.

By signing this Agreement, I acknowledge:

I acknowledge that attending or participating in any recreational activities within the Borough of Montvale (which shall include instruction, camp counseling and/or coaching) poses an inherent risk of infection and a heightened risk of injury from and exposure to these pandemic illnesses, regardless of the measures taken by the Borough of Montvale.

I acknowledge the contagious nature of COVID-19 and agree to voluntarily and exclusively assume the risk that my child(ren) and I, as well as other members of my household and others with whom I may be in contact, could have exposure to, or be infected by, COVID-19.

I understand that the risk of becoming exposed to, or infected by, COVID-19 could result from the actions, omission or negligence of myself or others including, but not limited to, staff, volunteers and other program participants and/or their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any aspect of injury, disability, illness, death, damage, loss, claim or expense of any kind that I or my child(ren) may experience or incur in connection with the attendance at the recreational programs enrolled through the Municipality; and.

I attest that I will immediately notify the appropriate Camp Director if my child(ren) and/or any other member of our household demonstrates any of the symptoms of COVID 19 and further, will immediately discontinue participation until cleared by the appropriate medical professional.

I understand this Waiver does not supersede, circumvent or cancel the Municipality's Recreation Department's Participation form or Rules and Regulations.

**ASSUMPTION OF RISK AND WAIVER OF LIABILITY
RELATING TO CORONAVIRUS/COVID-19**

On my behalf and on behalf of my child(ren), I hereby affirmatively release and promise not to sue, discharge and hold harmless the **Borough of Montvale**, its staff, volunteers and representatives of and from any and all claims of any nature arising out of my child(ren)'s participation in the recreational programs.

A parent/legal guardian in the household of the child(ren) must sign and date below before the child(ren) may participate. Please understand that it is your decision whether or not to sign this assumption of risk and waiver of liability.

PERMISSION:

PARENTAL CONSENT

I/WE have read and accept the terms and conditions contained herein and acknowledge and agree that it shall, to the fullest extent allowed by law, be effective upon me and my child(ren) and our respective heirs, personal representatives and family members

BY AFFIXING MY SIGNATURE TO THIS DOCUMENT, I HEREBY ACKNOWLEDGE THE FOREGOING

Parent/Guardian – SIGNATURE

Parent/Guardian – PLEASE PRINT

DATE