



Madison County Parks and Recreation

Summer Camp Group Leader/Counselor Job Information

Madison County Parks and Recreation Authority is looking to hire several Group Leaders and Counselors for our full-day summer camp program. Qualified applicants must turn in completed application, supplemental documentation, complete Concussion Training, complete Recognizing and Reporting Child Abuse and Neglect (for educators) course, NFHS COVID-19 for Coaches and Administrators Course, and pass a background check. All applicants must be available for an interview in either March or April and must be available for full-day training on Sunday, May 16 from 12:00PM – 6:00PM.

BASIC INFORMATION

Dates: Mondays-Fridays June 7 – August 13

Hours: 7:00AM – 5:00PM, varying shifts

Pay: \$10.00-\$11.00/Hr. based on position

Participants: Ages Kindergarten – 8th Grade, max 10 per age group

GROUP LEADERS

- Must be high school graduates
- Supervise group of up to 10 participants in grade level K-8 (one age group per leader)
- Responsible for planning daily activities within schedule
- Responsible for supervision of participants at all times
- Responsible for attending all field trips
- Oversee duties of counselor and delegates as necessary
- Responsible for implementing activities for participants

COUNSELORS

- Must be 16 years or older
- Assist Group Leader in supervising participants
- Help run activities, crafts, games
- Attend all field trips
- Responsible for cleaning up facilities after activities
- Supervise children that are away from the main group

JOB DESCRIPTION

Group Leaders and Counselors will be responsible for facilitating all of the activities during the camp day. The activities are, but not limited to:

- Outdoor activities
 - Games on the volleyball court, baseball/softball fields, soccer fields, multi-purpose fields
 - Water games
 - Nature walks
 - Fishing
 - Collecting outdoor items for crafts
 - Performing shows and activities on Performing Arts Stage
 - Tie-dye t-shirts
 - Play on Playground (MPS or Hoover Ridge)
 - Scavenger hunts
- Indoor activities (in rain, extreme heat event)
 - Crafts
 - Movies
 - Board games
 - Team-building activities
 - Reading/coloring

LOCATIONS

- Hoover Ridge Park
 - Carpenter Pavilion (lunch)
 - Fish pond (fishing)
 - Volleyball Sand Court
 - Hoover Ridge Softball/Baseball fields
 - Camp Crockett/Clore Trails
 - Playground
 - Performing Arts Center
 - Multi-purpose fields
- Madison Primary School Playgrounds (if available)
- Wetsel Middle School Library/Cafeteria (rain/storm/heat)
- Madison County High School Gymnasium

If we are able to travel, there may be additional locations including, but not limited to:

- Graves Mountain Lodge – hiking/swimming
- Lake Pelham
- Rockwater Creek Park
- Weekly field trip locations



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PERSONAL INFORMATION

Full Name: _____ Date of Birth: _____

Address: _____ City _____ State _____ Zip: _____

Contact Number: _____ Second Contact Number: _____

E-mail Address: _____

If employed, can you submit verification of your legal right to work in the U.S.? YES NO

Are you over the age of 18? YES NO

If hired, do you have reliable means of transportation to get to work? YES NO

Have you ever been convicted of a felony, or for child abuse or sex-related crimes? YES NO

If you answered yes above, please explain in the space provided below.

Are you presently employed? YES NO

If yes, may we contact your present employer? YES NO

Will you be able to work the desired hours of service recommended? YES NO

Will you be able to work all weeks of Summer Camp? YES NO

If not, why and when? _____

Are you a college student? YES NO

Are you enrolled in Summer Courses? YES NO

If yes, please attach a copy of your class schedule.

How did you find out about the Summer Camp job openings?

- Facebook
- Newspaper
- Website
- Other: (please specify) _____

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EDUCATION AND TRAINING INFORMATION

Name of High School: _____ Graduation Year: _____

Are you enrolled in a secondary school at this time (college, vocational, etc.)? YES NO

If yes, what school? _____

Highest Degree Earned: High School Associate Bachelor Master Doctorate

Any additional education, vocational, and/or professional information, such as special areas of research or study, seminars, etc. should be included with your application. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. Please include any foreign language skills or experiences you may have with this. Professional memberships, certificates, or licenses held, please supplement this information by written or typed attachment if applicable.

OTHER PERTINENT INFORMATION

Are you willing to be without your cellular phone while at work? YES NO

Do you enjoy sports? YES NO

If yes, what sports and at what level?

Do you enjoy arts and craft activities? YES NO

Do you enjoy outside activities? YES NO

Do you enjoy inside activities? YES NO

List any other hobbies or extracurricular activities that you enjoy.

Out of the following, circle your top 5 choices.

- | | | | | | | |
|-----------|-----------------|------------|-------------|--------------|-------------------|----------|
| Soccer | Basketball | Baseball | Kickball | Whiffle Ball | Arts/Crafts | Golf |
| Music | Archery | Volleyball | Fishing | Hiking | Football | Softball |
| Badminton | Performing Arts | | Water Games | | Nature activities | |

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Have you ever worked with children before? YES NO

List ANY experience with children that you may have below.

List ANY experience you have with children with special needs.

What is your main reason for applying for this job?

Are you willing to learn and follow MCPRA guidelines? YES NO

Will you wear a uniform/proper attire to work every day if hired? YES NO

DURING THE INTERVIEW, QUALIFIED APPLICANTS SHOULD BE PREPARED TO:

- Outline a full day of camp activities (1-hour increments from 8AM-4PM)
- Provide 5 1-hour camp activities – one each involving athletics, leadership, arts/crafts, outdoor/nature, and one of your choosing
- Provide 5 COVID-safe games
- Provide a plan for conflict resolution between participants
- Provide ways to modify activities for children with special needs
- Provide ideas for field trip locations within one hour of Hoover Ridge Park
- Provide important COVID-19 protocols if a participant is feeling sick, if you or another staff member is feeling sick, cleaning procedures, etc.

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PRE-EMPLOYMENT CERTIFICATION

Please read the following and initial after each statement.

_____ I understand that this application is only valid for the position applied for at present and that MCPRA is not obligated to retain or consider this application for future openings.

_____ I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation, or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize MCPRA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience in releasing all parties from any liability arising therefrom.

_____ If employed by MCPRA, I will abide by all policies and rules.

_____ I authorize MCPRA to run a complete background check based on the MCPRA guidelines. I have attached my background screening consent form.

_____ I understand that my employment is for the entire Summer Camp term June 1 – August 7, with a mandatory training on May 16 that I must attend.

_____ If I am employed by MCPRA, I understand that my employment can be terminated, with or without cause and with or without notice, at any time at the option of MCPRA or myself. I understand that, other than the MCPRA Manager, no supervisor or representative of MCPRA has authority to enter into any agreement for employment for any specific period of time, or make any agreement contrary to the foregoing. Only the Manager of MCPRA has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and MCPRA.

I, _____ certify that all the information provided above is true and correct.

_____ Date: _____

Signature of Applicant

***Madison County Parks and Recreation Authority does not discriminate in the recruitment of Summer Camp Counselors on the basis of race, color, religion, national origin, sex, or disability. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its completion does not imply that you will be accepted into the program. Please read all questions carefully and call (540) 308-1247 if you have any questions. ***

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PREVIOUS EMPLOYMENT INFORMATION

Company Name: _____

Address: _____

Phone Number: _____ Start Date: _____ End Date: _____

Supervisor Name and Title: _____

Job Description and Duties: _____

Reason for leaving: _____

Company Name: _____

Address: _____

Phone Number: _____ Start Date: _____ End Date: _____

Supervisor Name and Title: _____

Job Description and Duties: _____

Reason for leaving: _____

Company Name: _____

Address: _____

Phone Number: _____ Start Date: _____ End Date: _____

Supervisor Name and Title: _____

Job Description and Duties: _____

Reason for leaving: _____

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REFERENCES

In the space provided, please provide a list of professional/work references that we may contact.

| Name | Address | Phone Number | Relationship |
|------|---------|--------------|--------------|
| | | | |
| | | | |
| | | | |

Please submit completed application, resume, and other supplemental documents to:

Lindsay Von Herbulis - Recreation Coordinator
Madison County Parks and Recreation
P.O. Box 435
Madison, VA 22727
lindsay.mcparksrec@gmail.com

Madison County Parks and Recreation Authority

Background Check Screening Policy

The Madison County Parks and Recreation Authority reserves the right to screen any volunteer who will be working with children involved in PRA sponsored Youth Sports/Activities. The screening will consist of 1) completion of Volunteer Application Form, including references; 2) approval by the PRA; and 3) consent to background checks.

If a background check is performed and the following convictions or pending charges are revealed, the PRA will deny an individual application of those persons. The list includes, but is not limited to:

Violent/Behavioral Crimes:

Murder
Theft/Burglary/Robbery-Armed/Larceny
Breaking and Entering
Prostitution
Disorderly Conduct
Rape or Sexual Assault
Assault
Arson
Escape from penitentiary

Crimes Against Children

Solicitation of a minor
Sexual abuse/assault of a minor
Child abuse
Child molestation
Sexual conduct with a minor
Contributing to the delinquency of a minor
Indecency with a minor
Abandonment/Endangerment of a min

Drug and Alcohol Related Crimes

Possession of drug and/or paraphernalia
Drug Dealing
Trafficking
DUI/DWI (3 in last 7 years)
Domestic Violence/Abuse

To complete the background screening process, please complete the following form and return to the Madison Parks and Recreation Authority office. All results from the background screening will be kept confidential and forms will be destroyed following the screening. This information will not be shared.

MCPRRA reserves the right to refuse any applicant regardless of the results of the background check.

Full Name: _____
First Name Middle Last

Mailing Address: _____

Social Security Number (required): _____ Date of Birth: ____/____/____

E-mail Address: _____

I hereby give my consent for Madison Parks and Recreation Authority to conduct a Background Check as described above.

Signature Date



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Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, resulting in the Governor of Virginia declaring a state of emergency in the Commonwealth of Virginia. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Madison County Parks and Recreation Authority (MCPRA) has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, MCPRA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending any program may increase you or your child(ren)s risk of contracting COVID-19.

COVID-19 spread mainly among people who are in close contact (within about 6 feet) for a prolonged period. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose move through the air onto another person or a surface or object the other person subsequently touches while the virus remains live. Anyone can get or spread the virus. Everyone has a role to play in slowing the spread of the virus and protecting themselves, their family and the community.

Federal, Commonwealth, and local agencies recommend social distancing, masks, and other measures to minimize the risk of spread of COVID-19. **MCPRA cannot completely mitigate the transfer of communicable diseases like COVID-19 especially when involved in sports or other extracurricular activities. Participation in such activities includes possible exposure to an illness, injury, or death from infectious diseases including COVID-19.**

MCPRA will conduct certain extracurricular activities beginning in the Summer of 2020 and continuing into 2021. These activities (hereinafter referred to as "Activity") will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in the Activity will be required to adhere to all safety protocols and are subject to immediate removal from the Activity if they do not comply. Participation in extracurricular activities is a privilege, and not a right, and the safety of our instructors, coaches, referees, staff, and other participants is of utmost importance.

To promote the safety and wellness of our community, I understand the importance of taking responsible steps to promote health and safety when participating in an Activity. By signing below, I agree I will undertake the following Precautions as a condition of participation of myself and/or my child(ren) (collectively referred to as "Participant") in the Activity:

- Perform daily temperature checks on the Participant(s) to screen for fever before arrival for the Activity. Fever is defined as a temperature over 100.4 F or 38.0 C. If a Participant has a fever, I will not permit the Participant to participate in the Activity until he/she has been without a fever (without medical intervention) for at least 72 hours or receives a negative test for COVID-19. I also agree that the MCPRA also may screen Participants for a fever prior to allowing participation in any Activity.
- Inquire and/or make a visual or tactile inspection of Participant(s) for signs of illness which could include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose unrelated to typical allergies, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, extreme fussiness, or any other symptom now or hereafter recognized by the Centers for Disease Control (CDC) as a symptom of COVID-19. If a Participant has exhibited any of these signs or symptoms, I will not permit the Participant to participate in the Activity until he/she has been without signs or symptoms (without medical intervention) for at least 72 hours or receives a negative test.
- Confirm that no Participant has been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If any Participant has been in contact with such a person, I will not permit the Participant to participate in the Activity until 14 days have elapsed since the time of contact and no symptoms have manifested in the Participant.
- Promptly pick up the Participant(s) or arrange for pickup if signs or symptoms of illness are reported by MCPRA. I understand that Participants are to remain home until released from any quarantine and illness-free for at least 72 hours without the use of medicine.

By signing this document, I acknowledge and affirm my commitment to follow and meet the Precautions above as a condition of the Participant's(') participation. Further, I understand and agree Participant may be refused participation if it comes to the attention of MCPRA the Precautions have not been followed or met.

I also understand and acknowledge that despite the Precautions and other measures undertaken by MCPRA and others involved in the Activity, Participant remains at risk of contracting COVID-19 due to participation in the Activity, which risk is elevated depending on how much physical proximity is inherently involved in the Activity. I voluntarily assume the risk that I and/or the Participant(s) may be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in the symptoms identified above, as well as personal injury, illness, sickness, and/or death to myself, the Participant(s) and others we may be in contact with in the normal course of our lives (coworkers, other family members, neighbors, friends). I understand that the risk of exposure or infection may result from acts and omissions of myself, Participant(s), MCPRA staff, volunteers, or agents, other Activity participants, or others not listed. By signing this document, I expressly acknowledge and agree to assume all such risks in connection with the Participant(s) participation in the Activity.

Finally, I acknowledge that the above Precautions and guidelines applicable to the Activity may change at any time due to recommendations by the CDC, the Commonwealth of Virginia, the Department of Health, the Madison County Board of Supervisors, the Madison County Parks and Recreation Authority Board, or any other regulating entity. I acknowledge and accept the possibility that the Activity may be truncated, drastically altered, or eliminated in the future, even mid-season, due to such recommendations.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)s attendance at the MCPRA program. In consideration of the Participant(s) being able to participate in the Activity, I, on my own behalf and on behalf of the Participant(s), hereby waive, release, and hold harmless Madison County Board of Supervisors, the County of Madison, Madison County Parks and Recreation Authority, and its employees and agents from any and all risks, claims, causes of actions, fees, costs, and any expenses of any sort or kind from exposure to and/or infection from COVID-19, that I and/or the Participant(s), or my or our representatives, have assumed hereunder or sustain during, after, or related to the Participant's(') participation or involvement in the Activity.



Participant Name: _____

Participant Signature: _____ Date: _____

Parent/Guardian Name (for Minor Participant): _____

Parent/Guardian Signature: _____ Date: _____