



TOWN OF PLEASANT VALLEY

1554 MAIN STREET
PLEASANT VALLEY, NY 12569
SANDY COE, RECREATION DIRECTOR
PHONE: 845-635-1111 EXT 203
FAX: 845-266-3873
WWW.PVREC.COM

JR. LEADERSHIP APPLICATION

DATE _____

NAME _____

Home # _____ Cell # _____

EMAIL ADDRESS: _____

THIS IS A TWO PART PROCESS.

Part 1 is completing the Jr Leader registration online at www.pvrec.com.

Part 2 is completing and submitting this Application in **FULL**.

Using the checklist provided for you below as a guideline, please be sure **EVERYTHING** that is required is included when submitting the application.

PLEASE NOTE: Applications that are missing **ANY** of the required information, will **NOT** be accepted.

- Please provide a *minimum* of two letters of recommendation from leaders in the community
- 150 Word Essay on why you would like to be a Jr Leader
- Jr Leadership Application
- Medical History and Immunization Record from Dr.
(Must be submitted by June 15th)
- Staff Contact Information
- Camp Sunny Days Golden Rules (Please read and keep for reference)

NOTE: Applications must be received by
Session one – June 19, 2022, session two – July 3rd, and
Session three – July 17th 2022.

All forms should be submitted or mailed to the PV Recreation Department
27 Hibernia Road, Salt Point, NY 12578

Our office hours are Monday - Thursday 9am - 4pm and Friday 9am - 1pm.
There is a secure mailbox outside the office for drop off afterhours.

If you have any questions please feel free to contact the Recreation Office.

Recinfo>formsletterhdetc>2022>jrleadershipspplcation



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JR. LEADERSHIP

**This application should be filled out by the applicant.
Please provide a *minimum* of two letters of recommendation from leaders in the
community along with the completed application form.**

PLEASE READ:

Thank you for your interest in the Jr. Leadership Program in The Town of Pleasant Valley. This program is a youth skills-leadership development program for **13th year olds who have attended Camp Sunny Days as a camper for at least 2 years.** This is not a paid position. There will be a Jr. Leader performance evaluation, which will enable the Jr. Leader participant to use their experience on a job application in the future. Participation in the Jr. Leadership Program is not a guarantee for future acceptance in the Jr. CIT (Counselor in Training) Program or employment as a Counselor.

Jr. Leadership evaluations will be taken into consideration, as part of the interview process for Jr CIT Program or to fill open Counselor positions in the future, if an application is submitted for either of these positions.

PLEASE PRINT CLEARLY:

Date: _____

Name: _____ Age: _____ Date of Birth: _____

Street Address: _____

Town / State / Zip: _____

Cell #: _____ Email Address: _____

School Currently Attending: _____ Grade: _____

Please indicate any Physical Limitations / Medical Conditions we need to be aware of:

Name of Parent / Guardian: _____ Phone: _____

Emergency Contact Name: _____ Emergency Contact #: _____

WORK/VOLUNTEER EXPERIENCE:

Please list any work experience (Baby-sitting, Volunteer Work, Odd Jobs, etc.):

Name of Business or Individual	Supervisor	Dates of Employment
Job Duties (Type of Work Done)		



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WORK/VOLUNTEER EXPERIENCE: (Continued)

_____ Name of Business or Individual _____ Supervisor _____ Dates of Employment

_____ Job Duties (Type of Work Done)

GENERAL INFORMATION:

Please list special skills (Arts & Crafts, First Aid, Sports, etc.): _____

Please list Hobbies, Sports Teams, etc.: _____

Why do you want to be a participant in the JR. LEADERSHIP PROGRAM? (Please be specific):

PARENTAL CONSENT:

I hereby give my permission for my child, _____, to participate in the Pleasant Valley Summer Program as a Jr. Leader. Further, I authorize the Town of Pleasant Valley Summer Program to provide emergency treatment of an injury to or an illness of my child if qualified medical personnel consider the treatment necessary and perform the treatment.

**This authorization is granted, only if I can NOT be reached, and a reasonable effort has been made to do so.*

SIGNATURE Of Parent / Guardian: _____ Date: _____

AFFIRMATION:

I affirm that the statements made on this application and any attached papers or documents are true. Furthermore, I understand that participating as a Jr. Leader in the Summer Program is not a guarantee for future acceptance in the Jr. CIT (Counselor in Training) Program or employment as a Counselor.

SIGNATURE Of Applicant: _____ Date: _____



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JR. LEADER ~ Duties Description

PLEASE READ:

- Be a good role model for campers and fellow Jr. Leaders.
- Show respect towards School Staff, Program Staff, Counselors, CIT's & fellow Jr. Leaders, Parents and Campers.
- Have a good attitude every day. Wear a smile!
- Eagerly participate in all program areas.
- Follow through with all assigned tasks.
- Keep a daily journal.
- Attend all JR. LEADERSHIP workshops.
- Must be 13 years of age.
- Must have been a camper at Camp Sunny Days for at least 2 years.
- Treat this as your job, make every effort to attend every day; notify Asst. Day Camp Director if unable to attend Camp.
- Will shadow CIT/Counselor some of the time.

List of Possible Assigned Tasks:

- Assist with program set-up
 - Fill water cooler
 - Greet young campers and bring them to their group
 - Assist in any assigned young camper group
 - Distribute equipment
 - Assist in any program area
 - Help prepare for activities
 - Participate in activities with young camper group
 - Assist with program clean-up
 - Other duties as assigned
- And More!!**

I have read and understand the responsibilities of being a Jr. Leader. I will make every effort to perform my duties correctly and with a good attitude. I know I can ask the Asst. Day Camp Director for any assistance or clarification of these duties if needed.

SIGNATURE OF JR. LEADER _____ Date: _____



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CONTACT INFORMATION

Please Print Clearly

Name: _____ DOB: _____

Address: _____

Home #: _____ Cell #: _____

Email Address: _____

Staff T-Shirt _____

EMERGENCY CONTACT:

Please provide us with CURRENT telephone numbers for someone other than yourself as a backup if we are not able to reach you, should an emergency arise.

Name _____

Phone # _____

Phone # _____

Preferred Hospital: _____

Doctor: _____

Doctor's # _____

Allergies:

Any other Medical Information you feel we should be aware of:



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CAMP SUNNY DAYS GOLDEN RULES

1. Our campers are THE most important people in our camp.
2. Our campers are not dependent on our camp; they ARE the purpose of it.
3. Campers are NOT interruptions of our work; they ARE the purpose of it.
4. Our campers do us a favor when they ask for help, we are NOT doing them a favor by serving them.
5. Our campers are part of the camp; they are not "outsiders".
6. Our campers are not cold statistics, they are flesh and blood human beings with feelings and emotions like our own.
7. Our campers are not people with whom to argue or match wits.
8. Our campers are people who bring us their wants; it is our job to fill those wants.
9. Our campers are deserving of the most courteous and attentive treatment we can give them, nothing less is acceptable.
10. Campers are the lifeblood of this camp; THEY ARE the reason we have a job.

*"Those who bring sunshine into the lives of others, cannot keep it from themselves."
~James Barrie*