



GET YOUR WORK PERMIT BEFORE CAMP

ALL PERMITS MUST BE PROCESSED BY NYS PRIOR TO ARRIVAL

New York State Applicants

- Obtain a NYS Work Permit from your high school office.
- Bring the original NYS Work Permit to camp or mail it to the camp registrar before June 1st.

*Cards are **green** for 14-15 year olds and **blue** for 16-17 year olds.

Applicants from All Other States

- Complete the two enclosed NYS Work Permit forms (AT-16 and AT-17; please read carefully).
- 2. Send your completed NYS Work Permit paperwork ((AT-16 and AT-17) AND evidence of age documentation (birth certificate COPY or photo ID COPY) to be processed by the local school district near camp by June 1.
- 3. The address for the local school district is: Corinth Central School, attn: NYS Work Permit, Business Office, 105 Oak Street, Corinth, NY 12822.
- 4. Corinth Central School will send you back the Work Permit UN-NOTARIZED! It must be notarized to be legal. Please find a notary near you before you send/bring the form to camp.

Being a member of our service crew involves hard work-but it's also an opportunity to learn new skills, to have fun working as a team with friends, and to strengthen your personal relationship with God. You'll be putting your faith into practice on the job every day. A cheerful attitude that demonstrates teamwork and a willingness to serve is a plus.

Service crew members are **STILL CAMPERS**. They benefit from hard work and accomplishment while still enjoying camper activities and programs.

POSITIONS AVAILABLE EACH SUMMER:

- · Kitchen Aide
- Groom Aide

GENERAL DESCRIPTION

- · Work week is six days in length
- Work schedule will vary
- Regular work day is six to seven hours per day
- · Jobs are task-oriented rather than time-oriented
- Time off complies with NYS regulations for minors
- Adequate time is given for rest and recreation with the Explorer division

TO BE A SERVICE CREW MEMBER

- · You must be at least 14 years old
- You must have completed Grade 9
- You must apply for and have a NYS Work Permit (See instructions below)
- Your work permit must be at camp with you.



RESPONSIBLE TO:

- · Food Service Manager
- · Kitchen Aide Counselor

SPECIFIC DUTIES:

- · Set tables
- · Serve food to tables
- · Rotate responsibilities for serving "seconds"
- Prepare and distribute equipment for clean-up at camper tables
- · Wash dishes and pots
- · Clean washing and serving areas
- · Empty garbage and clean garbage containers
- Sweep and wash kitchen, pantry, and cooler floors
- Clean shelves, grill screens, and dish storage areas weekly
- Clean and sanitize tables before/after each meal
- Clean garbage house weekly
- · Sweep and mop dining hall

KITCHEN AIDE SAMPLE SCHEDULE

7:30AM Arrive in kitchen; clean and set tables

8:00AM Morning Watch

8:25AM Return to kitchen; serve breakfast

8:30AM Breakfast

9:00AM Wash dishes and pots; sweep floor

9:35AM Bible Exploration

10:55AM Return to kitchen; clean and set tables; serve lunch

12:15PM Lunch

12:30PM Wash dishes and pots; sweep and mop floors; weekly cleaning tasks

2:30PM Free time, 3rd and 4th activities

5:30PM Return to kitchen; clean and set tables; serve dinner.

6:15PM Dinner

6:45PM Wash dishes and pots; sweep floors **730:PM** Join Explorer division for evening program



RESPONSIBLE TO:

- · Stable Manager
- · Groom Aide Counselor

SPECIFIC DUTIES:

- Feed and water horses daily before breakfast, lunch, and dinner
- Clean stalls and groom horses daily before breakfast
- · Clean stable, paddock area, and riding ring
- · Assist in preparing horses for classes
- Assist instructor as requested (*a groom aide is not an instructor for riding classes*)
- An instructor must be present when horses are being ridden or worked with directly.
- Must abide by these and other appropriate regulations.

GROOM AIDE SAMPLE SCHEDULE

7:00AM Arrive at stable; groom horses; muck stalls; feed and water horses

8:00AM Morning Watch

8:30AM Breakfast

9:15AM Return to stable; saddle and bridle horses for class; clean stable and paddock area

9:35AM Bible Exploration

10:55AM Assist with class; clean stable and paddock; feed and water horses

12:15PM Lunch

12:50PM Rest Time then Free Time

2:30PM Return to stable; assist with classes; clean paddock and stable; untack horses, feed and water horses

6:15PM Dinner

730:PM Join Explorer division for evening program

THE UNIVERSITY OF THE STATE OF NEW YORK THE STATE EDUCATION DEPARTMENT Albany, New York 12234

PHYSICAL FITNESS CERTIFICATION

(Name	e of Applicant)	(Address)				
		[Male	Female			
	(Date of Birth)						
	RUCTIONS TO PHYSI plete Part A unless certifica	CIAN: te is limitedin which case co	mplete Part	В			
A. physic	I hereby certify that I have cally qualified for lawful e	e examined the above-named appropriate app	plicant and f	ind <u>he/she is</u>			
(Date	of Physical)	rure of Physician)					
(Addr	ess of Physician)						
B. <u>disabi</u>	I hereby certify that I have examined the above-named applicant and find he/she has a bility that requires limited employment.						
	(1) Disability						
	(2) Occupation						
	(3) Employer						
(Date))	(Signatur	re of Physici	an)			
(Addr	ess of Physician)						

If a limited certificate is indicated, the disability, occupation, and employer must be indicated to make this certificate valid.

THE UNIVERSITY OF THE STATE OF NEW YORK THE STATE EDUCATION DEPARTMENT ALBANY, NY 12234

APPLICATION FOR EMPLOYMENT CERTIFICATE

See reverse side of this form for information concerning employment of minors.

All signatures must be handwritten in ink, and applicant must appear in person before the certifying official.

PART I – Parental Consent – (To be completed by applicant and parent or guardian) Parent or guardian must appear at the school or issuing center to sign the application for the first certificate for full-time employment, unless the minor is a graduate of a four-year high school and presents evidence thereof. For all other certificates, the parent or guardian must sign the application, but need not appear in person to do so.							
			Date				
I, [Applicant]	Age						
Home Address		apply for a	certificate as checked below				
[Full Ho	ome Address including Zip Code]						
 Nonfactory Employment Certificate – Valid for lawful employment of a minor 14 or 15 years of age enrolled in day school when attendance is not required. 							
 Student General Employment Certificate – Valid for lawful employment of a minor 16 or 17 years of age enrolled in day school when attendance is not required. 							
Full-Time Employment Certificate – Valid for lawful employment of a minor 16 or 17 years of age who is not attending day school.							
I hereby consent to the required examina	ation and employment certification	as indicated above.					
			[Signature of Parent or Guardian]				
PART II – Evidence of Age – (To b	be completed by issuing official or	nly)					
[Date of Birth]	Check evidence of age accepted -	Document # (if any)					
Birth Certificate State Issued Photo	I.D Driver's License	Schooling Record	Other[Specify]				
then the certificate will remain PHYSICIAN'S CERTIFICA PART IV – Pledge of Employment	in valid until the minor changes jo TION SHOULD BE RETURNED at — (To be completed by prospect ruly for: (a) a minor with a medical tion 3205 of the Education Law, a	bs. Enter the limitation on D TO THE APPLICANT. ive employer) limitation; and (b) for a n	ninor 16 years of age or legally able to				
The underlyghed will employ	p., olicant	and the same of th					
as [Description of Applic		Job Location	n				
for days per week	hours per lay, beginning	a.m	p.m.				
	Eactory ending	a.m	p.m.				
[Name of Firm]	Nonfactory						
			Address of Firm,				
[Telephone Number]	Starting date		[Signature of Employer]				
which require a minor 16 year	ly for a minor 16 years of age who ars of tge to attend school, accordi		ideo in a district (New York City and Buffalo) Education Law.				
I certify that the records of	f chool] o S		[Address]				
Show that	of Applicant]	whose date or old is					
Is in grade.			[Signature of Principal of Designee]				
PART VI – Employment Certificate Number	ation – (To be completed by issui	ing official only) Date Issued					
Confidence Number		Date Issued					
[School or Issuing Center]	[Address]		[Signature of Issuing Officer]				