

# Camp Cedarbrook<sup>™</sup> in the **Adirondacks**

*Thank you for your willingness to serve God this summer as a member of our service crew. You will be making an important contribution 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.

You will have opportunity to be a part of the camp program and have the satisfaction of knowing that you have made a worthwhile contribution to the ministry of camp through your service.

In the event that you are unable to fulfill your responsibilities during camp, the camp director or appropriate staff will evaluate your situation and continued service.

## 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**.
- your **NYS Work Permit must be at camp when you are working there**.
- you must have a **current tetanus shot**.

## Get Your Work Permit Before Camp

**All permits must be processed prior to arrival.**

### New York State Applicants

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

### Applicants from All Other States

Complete the **two** enclosed NYS Work Permit forms (AT-16 and AT-17). Send your completed **NYS Work Permit paperwork AND evidence of age documentation** (birth certificate, photo ID, copy of school record) to be processed by the local school district near camp by June 1.

Corinth Central School, attn: NYS Work Permit,  
Business Office, 105 Oak Street, Corinth, NY 12822

# Service Crew Information

**ORIGINAL Permits  
due to registrar  
by June 1!**

## Jobs 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 is two half days (a total of one full day) and complies with NYS regulations for minors.
- Adequate time is given for rest and recreation with the Explorer division.

## General Duties

- to fulfill and carry out specific duties of your job
- to cooperate in maintaining and caring for the camp community
- to be with other campers participating in Bible study, devotions, meals, and evening programs

## How Will You Know What to Do?

Once you arrive at camp, your supervisor will explain your job to you.

## Camp Will Provide

- supervision of work and guidance in personal and spiritual life through Bible studies, devotions, and personal counsel.
- leisure time, recreational activities, and opportunities for growth within the limitations of your job responsibilities and the camp program.
- room and board.

## Kitchen Aide

### 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 and after each meal
- Clean garbage house weekly
- Minor food preparation

### Kitchen Aide Sample Schedule

7:30 AM Arrive in kitchen; clean and set tables  
8:00 AM MORNING WATCH  
8:25 AM Return to kitchen; serve breakfast  
8:40 AM BREAKFAST  
9:00 AM Wash dishes and pots; sweep floor  
10:25 AM BIBLE EXPLORATION  
11:30 AM Return to kitchen; clean and set tables; serve lunch  
12:10 PM LUNCH  
12:30 PM Wash dishes and pots; sweep and mop floors and duckboards; weekly cleaning task  
2:30 PM FREE TIME including one activity  
5:30 PM Return to kitchen; clean and set tables; serve dinner  
6:25 PM DINNER  
6:45 PM Wash dishes and pots; sweep floors  
7:30 PM Join Explorer division for EVENING PROGRAM

## Groom Aide

### 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 (maximum: 1 class and/or Free Time) NOTE: a groom aide is not an instructor for riding classes.
- Must abide by these and other appropriate regulations: No one works alone with horses. An instructor must be present when horses are being ridden.

### Groom Aide Sample Schedule

7:00 AM Arrive at stable; groom horses; muck stalls; feed and water horses  
7:45 AM MORNING WATCH  
8:20 AM FLAG RAISING  
8:30 AM BREAKFAST  
9:15 AM Return to stable; saddle and bridle horses for class; clean stable and paddock area  
9:50 AM BIBLE EXPLORATION  
10:55 AM Assist with class; clean stable and paddock; feed and water horses  
12:00 PM LUNCH  
12:50 PM REST TIME  
1:30 PM Return to stable; assist with classes or pony rides; one hour FREE TIME as scheduled  
5:10 PM Clean paddock and stable; untack horses; feed and water horses  
6:15 PM DINNER  
7:30 PM Join Explorer division for EVENING PROGRAM

**PHYSICAL FITNESS CERTIFICATION**

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\_\_\_\_\_  
(Name of Applicant)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Date of Birth)

Male       Female

**INSTRUCTIONS TO PHYSICIAN:**

**Complete Part A unless certificate is limited --in which case complete Part B**

**A.** I hereby certify that I have examined the above-named applicant and find **he/she is physically qualified for lawful employment.**

\_\_\_\_\_  
(Date of Physical)

\_\_\_\_\_  
(Signature of Physician)

\_\_\_\_\_  
(Address of Physician)

**B.** I hereby certify that I have examined the above-named applicant and find **he/she has a disability that requires limited employment.**

(1) Disability ---

(2) Occupation ---

(3) Employer ---

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Physician)

\_\_\_\_\_  
(Address 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.

THIS APPLICATION DOES NOT AUTHORIZE EMPLOYMENT

**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, ..... Age .....  
[Applicant]

Home Address ..... apply for a certificate as checked below  
[Full Home 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 examination and employment certification as indicated above.

.....  
[Signature of Parent or Guardian]

**PART II – Evidence of Age** – (To be completed by issuing official only)

..... – Check evidence of age accepted – Document # (if any) .....  
[Date of Birth]

Birth Certificate    State Issued Photo    I.D Driver’s License    Schooling Record    Other.....  
[Specify]

**PART III – Certificate of Physical Fitness**

Applicant shall present documentation of physical exam from a school or private physician, physician’s assistant or nurse practitioner licensed to practice within New York State. Said examination must have been given within 12 months prior to issuance of the employment certificate. Date of physical exam on file with school ..... If physical exam is over 12 months, provide student with certificate of physical fitness to be completed by school medical director or private health care provider.

If the physical exam or Certificate of Physical Fitness is limited with regards to allowed work/activity, the issuing official shall issue a Limited Employment Certificate (valid for a period not to exceed 6 months unless the limitation noted by the physician is permanent, then the certificate will remain valid until the minor changes jobs. Enter the limitation on the employment certificate. THE PHYSICIAN’S CERTIFICATION SHOULD BE RETURNED TO THE APPLICANT.

**PART IV – Pledge of Employment** – (To be completed by prospective employer)

Part IV must be completed only for: (a) a minor with a medical limitation; and (b) for a minor 16 years of age or legally able to withdraw from school, according to Section 3205 of the Education Law, and must show proof of having a job.

The undersigned will employ ..... residing at .....  
[Applicant]  
as .....  
[Description of Applicant’s Work]    [Job Location]  
for ..... days per week ..... hours per day, beginning ..... a.m. .... p.m.  
..... ending ..... a.m. .... p.m.  
[Name of Firm]    Factory    Nonfactory    [Address of Firm]  
..... Starting date .....  
[Telephone Number]    [Signature of Employer]

**PART V – Schooling Record** – (To be completed by school official)

Part V must be completed only for a minor 16 years of age who is leaving school and resides in a district (New York City and Buffalo) which require a minor 16 years of age to attend school, according to Section 3205 of the Education Law.

I certify that the records of .....  
[Name of School]    [Address]  
Show that ..... whose date of birth is .....  
[Name of Applicant]  
Is in grade .....  
[Signature of Principal or Designee]

**PART VI – Employment Certification** – (To be completed by issuing official only)

Certificate Number ..... Date Issued .....  
[School or Issuing Center]    [Address]    [Signature of Issuing Officer]