



JOB DESCRIPTION

DATE: 1/4/10

JOB TITLE: Group Counselor
DEPARTMENT: Parks & Recreation
REPORTS TO: Group Leader
GRADE LEVEL: N/A **UNION AFFILIATION:** N/A
STATUS: F/T P/T Regular Seasonal Temporary
HRS/WK: 25 **SCHEDULE:** M-F Other, specify: _____

1. **SUMMARY**

Briefly describe what the position was created to accomplish.

Under direction of a Group Leader, provides for creative and quality activities to children enrolled in the Summer Recreation Program. Acts as positive role model and leader for all children enrolled in the program. Work is performed under the supervision of the Group Leader as well as the overall supervision of the Site Supervisor, the Assistant Site Supervisor and the Recreation Department's Program Manager.

2. **SUPERVISORY RESPONSIBILITIES**

The scope of the person's authority, including a list of jobs that report to this position.

None.

3. **WORKING CONDITIONS**

The environment in which the job is performed, especially any unique conditions outside a normal office environment.

Office Other – Explain: Outdoors and indoors at program site and off-site trips.

4. **ESSENTIAL FUNCTIONS**

The tasks, duties and responsibilities of the position that are most important to get the job done.

- Follow a daily and weekly schedule of activities.
- Assist with daily attendance.
- Participate in the supervision of children at the program site and on off-site trips.
- Take an active role and participate in your assigned group's daily activities.
- Strive to keep all children in your assigned group motivated and involved in all activities.
- Maintain group control by keeping all children in your assigned group together in an activity area.
- Assist Group Leader with the planning, preparation and implementation of activities.
- Assist Group Leader with the instruction of various sports activities and field days.
- Organize and implement new games, using resources provided.
- Organize teams for team sports.
- Maintain good sportsmanship among children.
- Assist children during arts and crafts sessions.
- Supervise play on playground equipment.
- Organize and assist children during snack and lunch breaks.
- Take children to the restroom facilities when needed.
- Enforce all program policies and procedures.

- Report any participant discipline problems to your Group Leader and/or Assistant Site Supervisor and Site Supervisor and resolve discipline problems according to policy.
- Enforce program safety procedures.
- Report any accidents or un-resolveable matters immediately to the Group Leader, Assistant Site Supervisor and/or Site Supervisor.
- Issue and collect equipment, maintaining the quality of the equipment through proper guidance and use. Inform the Site Supervisor of lost, missing or damaged equipment.
- Keep activity areas clean.
- Attend a staff meeting at your program site once per week; day and time to be determined by your Site Supervisor.
- Participate in operations at Family Fun Night.
- Assist with special projects as required.
- Perform all duties with safety and responsibility in mind.
- Perform other duties as assigned.

5. NONESSENTIAL FUNCTIONS

The desirable, but not necessary, aspects of the job.

- Act as a Group Leader if needed.

6. KNOWLEDGE, SKILLS AND ABILITIES

The specific minimum competencies required for job performance.

- Knowledge of activities and games suitable for Kindergarten through 5th grade.
- Must possess problem-solving skills in situations that may arise between campers and/or Group Counselors.
- Ability to create and maintain enthusiasm among participants.
- Ability to read, write, speak, understand and communicate in English sufficiently to perform the duties of the position.
- Demonstrates interpersonal skills in overseeing young children.
- Ability to establish and maintain effective working relationships with associates and the general public.
- Ability to regularly use hands to handle, feel, or operate objects, tools or controls and to reach with hands and arms. Frequently required to stand, walk, talk, hear, sit, climb, balance, kneel, crouch, crawl, smell.
- Must be able to lift 50 pounds and carry it for 100 feet.

7. EDUCATION, EXPERIENCE AND SPECIAL REQUIREMENTS

The minimum level of education and experience required to perform the job.

Education:

Licensing &/or Certifications:

Experience:

- Knowledge of games and activities suitable for children in Kindergarten through 5th grade.
- Previous experience working with children recommended; including, but not limited to: Babysitting; younger siblings, relatives; volunteer experience requiring working with children; previous summer program experience.

Special Requirements:

- Minimum age of 15 years old.
- Must attend Staff Orientation on Saturday, June 5, 2010, 2pm - 5pm at the Bernards Township Community Center.
- Must be able to work the entire 6-week program, NO EXCEPTIONS. Program dates are Monday – Friday, June 28th – August 6th, with a Holiday on July 5th, 2010.

- Be present at site during normal working hours. Hours are 8:15am – 1:15pm OR 8:00am-1:00pm depending on site assignment.
- Must be available to attend Family Fun Night, Wednesday evening, July 7, 2010 at Dunham Park.

8. SUCCESS FACTORS

Personal characteristics and behaviors that contribute to an individual's ability to excel on the job. Some examples follow:

- Enthusiastic
- Punctual
- Responsible
- Organized
- Honest
- Professional Work Ethic
- Reliable
- Patient



APPLICATION FOR EMPLOYMENT

Administration Building: One Collyer Lane, Basking Ridge, NJ 07920 Fax 908-204-3015

Application Date: _____

Name: _____

Position Applied For: Summer Recreation Program

Circle one: Group Counselor Group Leader Assistant Site Supervisor Site Supervisor

Site Preference: Please rank the following sites from 1 to 4 in order of preference

_____ Oak Street _____ Cedar Hill _____ Liberty Corner _____ Mount Prospect

Please note: site preference is not guaranteed!

Department: Parks & Recreation

Building Location:

- Administration Building - One Collyer Lane
- Police Building - One Collyer Lane
- Engineering Services Building – 277 South Maple Avenue
- Health Department - 262 South Finley Avenue
- Bernards Township Library - 32 South Maple Avenue
- Bernards Township Sewerage Authority Plant – 726 Martinsville Road

The Township of Bernards considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, handicap or disability, sexual orientation, domestic partnership or any other legally protected status.

A RESUME IS NOT A SUBSTITUTE FOR COMPLETING THIS FORM IN ITS ENTIRETY.

All information will be verified and all references will be checked. Information will be kept confidential to the extent permitted by law.

DO NOT WRITE BELOW THIS LINE

RECOMMEND FOR EMPLOYMENT: Yes No IF NO, HOLD FOR FUTURE USE? Yes No

IF YES, START DATE: _____ START SALARY: _____

HUMAN RESOURCES SIGNATURE: _____ DATE: _____

PLEASE PRINT

I. PERSONAL

LAST NAME	FIRST	MIDDLE	EMAIL ADDRESS
PRESENT ADDRESS (NUMBER, STREET, CITY, STATE , ZIP CODE)			TELEPHONE NUMBER
PERMANENT ADDRESS (IF DIFFERENT THAN PRESENT ADDRESS)			TELEPHONE NUMBER
ARE YOU 18 YEARS OF AGE OR OLDER? (If no, you will be required to show proof of eligibility to work.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? (Proof of US Citizenship or work authorization status will be required upon employment)			<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF RELATIVE OR FRIENDS EMPLOYED BY BERNARDS TOWNSHIP			
HAVE YOU EVER BEEN EMPLOYED BY BERNARDS TOWNSHIP? IF YES, STATE WHEN.			<input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU EVER BEEN CONVICTED OF A CRIME, including misdemeanors and summary offenses, which has not been sealed or otherwise cleared from your record? IF YES, EXPLAIN INCLUDING PERIODS OF REHABILITATION. (A yes answer is not an automatic bar to employment.)			<input type="checkbox"/> Yes <input type="checkbox"/> No

II. POSITION AND PERSONAL INTERESTS

POSITION APPLIED FOR	TITLE	SALARY DESIRED \$ _____ PER
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE AVAILABLE TO START WORK	HOW WERE YOU REFERRED TO US?
WHAT KIND OF WORK DO YOU GENERALLY PREFER? (INTERESTS AND CAREER OBJECTIVES)		
COMPLETE IF DRIVING IS AN ESSENTIAL PART OF THE JOB BEING APPLIED FOR DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No PLEASE SIGN TO INDICATE YOUR AUTHORIZATION FOR THE TOWNSHIP TO PERFORM A RECORD CHECK OF THE DIVISION OF MOTOR VEHICLES' FILES, UPON AN OFFER OF EMPLOYMENT BY THE TOWNSHIP:		

III. EDUCATION AND TRAINING

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL OR EQUIVALENT			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TECHNICAL OR COMMERCIAL			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (SPECIFY)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU TAKING ANY COURSE OF STUDY NOW? IF YES, PROVIDE DETAILS: <input type="checkbox"/> Yes <input type="checkbox"/> No			DATE TO BE COMPLETED		
LIST ANY SCHOLASTIC HONORS, HONORARY SOCIETIES, FELLOWSHIPS AND SCHOLARSHIPS.					
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS OR EXTRA-CURRICULAR ACTIVITIES (i.e. EMT or fire fighting training and participation, etc.) Exclude those that indicate race, religion, sex, age, national origin or other protected classification.					
IF YOU HAVE EMT OR FIRE FIGHTING CERTIFICATION, WOULD YOU BE WILLING TO VOLUNTEER FOR THE TOWNSHIP DURING YOUR WORKDAY? <input type="checkbox"/> Yes <input type="checkbox"/> No					
WHAT COMPUTER SKILLS DO YOU HAVE AND WHAT OFFICE MACHINES CAN YOU USE? (IF APPLICABLE)					

IV. EMPLOYMENT HISTORY

Please account for all periods of employment, including U.S. Armed Forces experience, periods of travel, and self-employment. List present or last employer first. If more space is desired, please use an additional application.

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	TO
				/	/
				MONTH YEAR	MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE		DEPARTMENT		
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []					

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	TO
				/	/
				MONTH YEAR	MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE		DEPARTMENT		
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []					

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	TO
				/	/
				MONTH YEAR	MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE		DEPARTMENT		
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []					

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	TO
				/	/
				MONTH YEAR	MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE		DEPARTMENT		
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []					

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	TO
				/	/
				MONTH YEAR	MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE		DEPARTMENT		
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []					

V. OUTSIDE ORGANIZATIONS

ARE YOU AFFILIATED WITH ANY OTHER COMPANY THAT REQUIRES WORK OF YOU?

Yes No IF YES, PLEASE EXPLAIN

ARE YOU ENGAGED IN ANY PERSONAL BUSINESS OR ENTERPRISE?

Yes No IF YES, PLEASE EXPLAIN

IN WHAT BUSINESS, PROFESSIONAL OR SCIENTIFIC ASSOCIATIONS DO YOU HOLD MEMBERSHIP? Exclude those that indicate race, religion, sex, age, national origin or other protected classification.

WHAT PROFESSIONAL LICENSES DO YOU HOLD?

DESCRIBE ANY OTHER EXPERIENCE THAT MIGHT BE HELPFUL IN CONSIDERING YOUR APPLICATION. (Other work experience, internships, school activity, apprenticeships, etc.)

VI. REFERENCES Exclude relatives but provide three (3) persons not previously mentioned who are most familiar with your work, ability and training.

NAME	RELATIONSHIP	POSITION	ADDRESS	TELEPHONE

VII. ESSENTIAL FUNCTIONS **Do not answer this question without first reviewing the job description**

ARE YOU ABLE TO PERFORM THE ESSENTIAL REQUIREMENTS OF THE JOB, WITH OR WITHOUT REASONABLE ACCOMODATION? Yes No

VIII. RELEASE OF APPLICATION

IF YOU ARE UNSUCCESSFUL IN YOUR CANDIDACY FOR A POSITION WITH THE TOWNSHIP, DO YOU WISH YOUR APPLICATION TO BE DISCLOSED? Yes No

IX. APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I release former employers and others from any liability that might arise from the disclosure of information.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

I understand that misrepresentation or omission of facts called for is basis for township refusal to process application further or, in the event of employment, cause for dismissal. I fully and completely understand that as a condition of employment, I must be able to perform all the duties of the position applied for. I also understand that if employed, by the township, I must abide by all rules and regulations of the employer.

Signature of Applicant: _____

Date:

