



# GREATER JOLIET AREA YMCA POSITION DESCRIPTION

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Note: This description is to be considered a starting point for the POSITION which may be adjusted from time to time with the agreement of the employee but is not to be considered as part of a CONTRACT between the YMCA and the EMPLOYEE.

## POSITION TITLE

**COUNSELOR - Offsite**

NUMBER

21-159

WAGE

DATE

1/8/2006

LOCATION:

ALL CENTERS

Arts Ed Center

Smith

C.W. Avery

Central City

Galowich

Metro

## DESCRIPTION of POSITION

PROVIDE GUIDANCE & SUPERVISION FOR A GROUP OF UP TO 20 CHILDREN - 6-12 YEARS OF AGE. THE CHILDREN WILL BE PARTICIPATING IN VARIOUS PLANNED ACTIVITIES DURING UP TO AN 8 HOUR DAY. ACTIVITIES INCLUDE: (but are not limited to): FIELD TRIPS, ARTS & CRAFTS, SWIMMING, NATURE WALKS, OUTDOOR GAMES, INDOOR GAMES, AND GENERAL RECREATION. BECAUSE THE PROGRAM IS CONDUCTED, GENERALLY, OFF THE SITE OF YMCA FACILITIES - SPECIAL POLICIES AND PROCEDURES AS OUTLINED BY THE PROGRAM DIRECTOR NEED TO BE UNDERSTOOD AND FOLLOWED.

PROMOTE THE GOALS AND OBJECTIVES OF THE YOUNG MEN'S CHRISTIAN ASSOCIATION

## EDUCATION and/or SPECIAL TRAINING / CERTIFICATION REQUIREMENTS:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> HIGH SCHOOL DIPLOMA     | <input type="checkbox"/> AQUATIC CERTIFICATION  |
| <input type="checkbox"/> ASSOCIATE DEGREE                   | <input type="checkbox"/> REGULAR DRIVERS LICENSE  |
| <input type="checkbox"/> BACHELORS DEGREE                   | <input type="checkbox"/> COMMERCIAL DRIVERS LICENSE   |
| <input type="checkbox"/> MASTERS DEGREE                     | <input checked="" type="checkbox"/> CODE OF CONDUCT REVIEW W/ SUPERVISOR                      |
| <input checked="" type="checkbox"/> CPR / AED CERTIFICATION | <input checked="" type="checkbox"/> OTHER <u>STAFF ORIENTATION AND CHILD ABUSE PREVENTION</u> |
| <input checked="" type="checkbox"/> FIRST AID CERTIFICATION |   |

## ITEMS BELOW INDICATED WITH A LETTER ARE REQUIREMENTS OF THIS POSITION:

If you do not believe you can meet any one or more of the ITEMS **Do Not Sign** this page and ask the person interviewing you if ACCOMODATION(S) can be arranged.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> HEAR WITHOUT AIDS                         | <input type="checkbox"/> WORK WITH CHLORINE / ACID                 | <input type="checkbox"/> WORK AT COUNTERS OVER 48 IN. HIGH                          |
| <input checked="" type="checkbox"/> SPEAK CLEARLY                  | <input checked="" type="checkbox"/> WORK IN HIGH HUMIDITY          | <input checked="" type="checkbox"/> SET UP GYMNASTICS/PROGRAM EQUIP.                |
| <input checked="" type="checkbox"/> SPEAK LOUDLY (Warn of Danger)  | <input checked="" type="checkbox"/> WORK IN TEMP. OVER 80 DEGREES  | <input checked="" type="checkbox"/> WORK WITH NOISE OVER 50 DECIBELS                |
| <input checked="" type="checkbox"/> READ/WRITE ENGLISH             | <input checked="" type="checkbox"/> WORK IN TEMP. UNDER 35 DEGREES | <input type="checkbox"/> WORK WITH KIDS UNDER 6 YRS. OLD                            |
| <input checked="" type="checkbox"/> READ/WRITE SPANISH             | <input checked="" type="checkbox"/> WORK IN POLLEN ATMOSPHERE      | <input checked="" type="checkbox"/> WORK WITH CHILDREN OVER 6 YRS. OLD              |
| <input checked="" type="checkbox"/> 20/20 WITH or W/O LENSES       | <input checked="" type="checkbox"/> WORK IN SUN LIGHT              | <input type="checkbox"/> WORK WITH SENIOR CITIZENS                                  |
| <input checked="" type="checkbox"/> SMELL (Smoke, Chemicals, Etc.) | <input type="checkbox"/> USE CAUSTIC CHEMICALS                     | <input checked="" type="checkbox"/> ABLE TO Direct and/or Plan Activities of Others |
| <input checked="" type="checkbox"/> BEND / STOOP / TWIST           | <input checked="" type="checkbox"/> WORK IN AIR CONDITIONING       | <input checked="" type="checkbox"/> ABLE TO Influence people                        |
| <input checked="" type="checkbox"/> PUSH / PULL                    | <input checked="" type="checkbox"/> WORK IN NON-AIR CONDITIONING   | <input checked="" type="checkbox"/> ABLE TO Work Effectively Under STRESS           |
| <input checked="" type="checkbox"/> WALK                           | <input type="checkbox"/> TYPE 20 WORDS PER MINUTE                  | <input checked="" type="checkbox"/> ABLE TO Work Under Specific Instructions        |
| <input checked="" type="checkbox"/> CLIMB / BALANCE                | <input type="checkbox"/> TYPE 40 WORDS PER MINUTE                  | <input checked="" type="checkbox"/> ABLE TO Make Good Judgements & Decisions        |
| <input type="checkbox"/> CLIMB STAIRS OVER 30FT.                   | <input type="checkbox"/> USE A COMPUTER OVER 6 HRS./ DAY           | <input checked="" type="checkbox"/> ABLE TO Execute Proper Sports Signals           |
| <input type="checkbox"/> LIFT 25 LBS.                              | <input type="checkbox"/> OPERATE VIDEO / ELECTRONIC EQUIP.         |   |
| <input checked="" type="checkbox"/> LIFT 50 LBS.                   | <input type="checkbox"/> OPERATE POWER TOOLS/MOWERS Etc.           |   |
| <input type="checkbox"/> LIFT OVER 50 LBS.                         | <input type="checkbox"/> OPERATE EQUIP. (Press, Copiers, Etc.)     |   |
| <input checked="" type="checkbox"/> WORK IN CHLORINE AREA          |  |   |

**SPECIAL REQUIREMENTS:**  
MUST MAINTAIN CURRENT LIFEGUARD CERTIFICATION AND COMPLETE SPECIAL CERTIFICATION PROGRAM FOR 17 YR OLDS

APPLICANTS NAME (Printed) \_\_\_\_\_ DATE \_\_\_\_\_

I HAVE READ AND UNDERSTAND THIS POSITION DESCRIPTION AND I BELIEVE I AM CAPABLE AND QUALIFIED TO HANDLE THE POSITION AS PRESENTED. SIGNED: \_\_\_\_\_