



## EMPLOYEE JOB DESCRIPTION

**Position:** Residential Counselor  
**Reports To:** Residential Program Supervisor  
**FLSA:** Regular, Non-Exempt

### **Mission Statement**

Chamberlain's Youth Services empowers at-risk children in a home-like environment to heal from past trauma, discover their strengths, and develop the skills they need to achieve life-long success.

**Scope:** Direct care of children and/or adolescents in placement with a wide range of responsibility for program activities, child supervision and safety. Due to the life experiences and trauma histories that our residents bring to their placement here, the Residential Counselor must not only provide adequate safety and supervision, but must actively engage in the process of building relationships. They must demonstrate an understanding of problem solving as a part of a team and must offer energy, safety and commitment in their work with our residents through genuine, caring and empathic engagement. The programs support family treatment and involvement by providing facilitation, supervision, and support for visits and family connections with parents, relatives and other significant people in the lives of our youth.

### **Essential Functions**

1. Provides a safe, nurturing, caring atmosphere for youth who reside in the homes.
2. Works within program policy and guidelines to provide program services.
3. Demonstrates an understanding of child development relevant to the age group of the home worked in, demonstrates an understanding of the actual developmental levels of youth in the home, and intervenes to promote development and adjusts expectations by taking into account developmental understanding.
4. Demonstrates an understanding of the importance of family/kinship connections to youth in our homes and supports those connections by welcoming parents, relatives, and caregivers on visits and facilitating planned contacts with families in the program, the community, and the family/relative home.
5. Demonstrates an ability to form and maintain positive, nurturing relationships with youth by building trust and supporting competencies through interest and active engagement.
6. Demonstrates and maintains the ability to teach and support the learning of a broad range of skills including those related to: emotional regulation, age appropriate activities and competencies, and living in a home-like setting. Helps plan and actively participates in activities to support and increase skills and competencies.

7. Demonstrates an empathic understanding of complex trauma and its effects on youth; incorporates that understanding in interactions with youth.
8. Demonstrates an awareness of the physical and emotional environment by contributing to the home being a place that is emotionally and physically safe, nurturing, appropriately engaging and stimulating, which fosters growth and resilience.
9. Support routines of youth through assisting and supervising wake-up, bedtime, personal care routines, completion of chores and laundry, recreational activities, homework supervision and assistance.
10. Work as part of a team to identify the needs of youth in care and strategies to meet those needs. Implement identified strategies for youth to ensure needs are met.
11. Implement case specific treatment plans in order to provide mental health rehab services including assigned individual and group sessions.
12. As the primary for assigned youths, holds weekly counseling session 1:1; participates in developing goals and plans with residents; and documents sessions in progress notes and youth/primary summary.
13. Ensures safe and effective provision of medications and other health related services
14. Prepare meals as assigned per food program standards.
15. Provide safe transportation of youth as assigned.
16. Demonstrates care for program facilities and equipment: organizing, cleaning, sanitizing. Completes household tasks and duties as assigned, or as needed, to promote a clean, safe, and comfortable environment.
17. Maintain department related documentation including: medical compliant progress notes, staff duty sheets, food program, maintenance requests, health and medication related, visitation, phone calls, behavior incidents and general observation of youth and assessment of their skills, behavior, and moods in an objective and professional manner.
18. Demonstrate knowledge of and role in individual youth treatment plans, including youth behavioral goals, and identified intervention strategies.
19. Attend and actively participate in staff meetings and required trainings as scheduled.
20. Performs other duties as assigned by supervisory staff.

### **Physical Demands**

Standing: Frequently and for extended periods of time

Sitting: Occasional to frequent

Walking: Occasionally and frequently on uneven ground

Bending, squatting, climbing, crouching, kneeling, crawling, twisting, grasping, pushing and pulling, reaching above and below shoulder level: Occasionally

Driving: Occasionally

Physical Intervention: Occasional to frequent (It is possible, during the team control position, for an employee to bear up to 200 lbs. until the client can be safely released)

Lifting: Able to lift 50 pounds

## Minimum Requirements

- At least 21 years of age, free of communicable tuberculosis, cleared by a physician to perform the duties of the job.
- Successfully completed employer provided training and be certified in CPI, First Aid/CPR
- Must be available to work flexible hours including evenings and weekends
- Must have a clear State of California Driver's License and the ability to pass a 3-tier background clearance (Community Care Licensing, DOJ, and FBI)
- The Residential Counselor shall meet one of the following qualifications:
  - A Bachelor of Arts or Sciences Degree.
  - A valid Child Development Teaching Permit.
  - Completed 12 semester units of Early Childhood Education, Adolescent Development, or Foster and Kinship Care Education and have at least 100 hours of experience working with youth.
  - A valid certificate as an Alcohol Counselor, Drug Counselor or Alcohol and Drug Counselor, and have at least 100 hours of experience working with youth.
  - A valid vocational training certificate, credential, or documentation demonstrating that the individual is a trade journey person who instructs children in vocational skills and have at least 100 hours of experience working with youth as a mentor, athletic coach, teacher, vocational coach, tutor, counselor, or other relevant experience as determined by the Program Director.
  - Previously been employed as a full time staff or served as a volunteer at a group home, short-term residential therapeutic program, or substance abuse treatment program for at least one year.
  - Relevant life experience in the child welfare, mental health or juvenile justice systems as a consumer, mentor, or caregiver or other relevant experience as determined by the department
- **Knowledge, Skills and Abilities:**
  1. Possess capacity to interact with youth and families from a wide range of cultural and socio-economic backgrounds
  2. Knowledge and understanding of the needs of children served in a children's residential setting.
  3. Skills and ability to provide consistency and behavioral limits through relationship-based interventions.
  4. Ability to physically hold children, following "Crisis Prevention and Intervention" Principles & Techniques
  5. Ability to physically move children (50-100 lbs)
  6. Ability to communicate verbally with youth, families, in supervision, meetings, and with members of the team
  7. Demonstrated written proficiency
  8. Skills to communicate effectively with the ability to solve problems in a collaborative manner.
  9. Demonstrated experience, commitment and competence working with emotionally disturbed children
  10. Ability to develop, cultivate and adapt to the diverse cultural backgrounds of our clients

**Compensation:**

- No BA: \$15.10 to \$17.33 per hour dependent upon full-time experience in a like-setting.
- With BA: \$15.97 to 19.07 per hour dependent upon full-time experience in a like-setting.

**Conditions of Employment**

CYS is an Equal Opportunity Employer and herein reiterates its policy of Equal Opportunity for all qualified individuals without distinction or discrimination because of race, color, religion, national origin, age, sex, gender identity, marital status, citizenship, disability, veteran status, political affiliation or belief.

*The Statements herein are intended to describe the general nature and level of work being performed by employees and are not to be construed as an exhaustive list of responsibilities, duties, and skills required of employees so classified. Furthermore, they do not establish a contract for employment and are subject to change at the discretion of the Agency.*



1850 San Benito Street  
 Hollister, CA 95023 ~ 831-636-2121  
[www.chamberlainyouth.org](http://www.chamberlainyouth.org)

## APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

### 1 ) PERSONAL INFORMATION:

LAST NAME:	FIRST NAME:	MIDDLE NAME:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE #:	MOBILE #:	EMAIL ADDRESS:	
SOCIAL SECURITY NUMBER: - - -	DATE OF LAST PHYSICAL EXAM:	DATE OF LAST TB TEST:	
HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE LIST ALL NAMES USED:		ARE YOU 21 YEARS OF AGE OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, PLEASE STATE YOUR AGE:	
DO YOU HAVE A VAILD DRIVERS LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE LIST DRIVER'S LIC. NO:		HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN:	
EMERGENCY CONTACT:		RELATIONSHIP:	
ADDRESS:		PHONE #:	

### 2 ) POSITION:

POSITION YOU ARE APPLYING FOR:	AVAILABLE START DATE:							
EMPLOYMENT TYPE DESIRED:	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> ON CALL <input type="checkbox"/> TEMPORARY <input type="checkbox"/> INTERN <input type="checkbox"/>							
SHIFT AVAILABILITY:	MON TUE WED THU FRI SAT SUN							
FROM:	<table border="1" style="width:100%; text-align:center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							
TO:	<table border="1" style="width:100%; text-align:center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							
ARE YOU AVAILBLE TO WORK GRAVEYARD SHIFTS?	YES <input type="checkbox"/> NO <input type="checkbox"/>							

### 3 ) EDUCATION:

CIRCLE THE HIGHEST GRADE COMPLETED: 6 7 8 9 10 11 12	DID YOU RECEIVE A HIGH SCHOOL DIPLOMA: YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU CURRENTLY ENROLLED IN HIGH SCHOOL COMPLETION COURSES? IF YES, GIVE EXPECTED COMPLETION DATE:	YES <input type="checkbox"/> NO <input type="checkbox"/>

NAME AND ADDRESS OF SCHOOL/COLLEGE/ BUSINESS ORGANIZATION:	MAJOR SUBJECT	NO. UNITS COMPLETED	NO. YEARS COMPLETED	DIPLOMA/ DEGREE	DATE COMPLETED

**4 ) EMPLOYMENT HISTORY: (List the most recent experience first. If additional space is needed, please attach a separate page)**

EMPLOYER NAME:	JOB TITLE:	PHONE #:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
DATES EMPLOYED:	NAME OF SUPERVISOR:	HOURS WORKED PER WEEK:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
EMPLOYER NAME:	JOB TITLE:	PHONE #:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
DATES EMPLOYED:	NAME OF SUPERVISOR:	HOURS WORKED PER WEEK:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
EMPLOYER NAME:	JOB TITLE:	PHONE #:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
DATES EMPLOYED:	NAME OF SUPERVISOR:	HOURS WORKED PER WEEK:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
EMPLOYER NAME:	JOB TITLE:	PHONE #:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
DATES EMPLOYED:	NAME OF SUPERVISOR:	HOURS WORKED PER WEEK:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>

**5 ) REFERENCES: (List names of three people who can give information about your background, character, abilities, etc.)**

NAME AND ADDRESS:	PHONE #:	RELATIONSHIP TO YOU:
NAME AND ADDRESS:	PHONE #:	RELATIONSHIP TO YOU:
NAME AND ADDRESS:	PHONE #:	RELATIONSHIP TO YOU:

**6 ) PROFESSIONAL AND TECHNICAL QUALIFICATIONS:**

A. LIST LICENSES OR CERTIFICATES OF COMPETENCE HELD:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. NAMES OF PROFESSIONAL ASSOCIATIONS OF WHICH YOU ARE CURRENTLY A MEMBER OF:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7 ) HOW DID YOU FIND OUT ABOUT THIS POSITION (please circle all that apply):**

FACEBOOK      LINKEDIN      INDEED.COM      INSTAGRAM      OTHER:

WERE YOU REFERRED BY A CURRENT CYS EMPLOYEE? IF SO, WHO?:

**8 ) SIGNATURE DISCLAIMER:**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result on my release.

NAME (PLEASE PRINT):	DATE:
APPLICANT SIGNATURE:	



**AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS**

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_  
*Name of Applicant*

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**SSN#:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Hereby authorize you to release to:**

Chamberlain's Youth Services  
1850 San Benito Street, Hollister CA, 95023  
Ph: (831) 636-2121 - Fax: (833) 277-8442  
Attn: Human Resources / Administrative Coordinator

Any and all information regarding my employment, employment records, training and certification, and background clearance. Please mail or fax any material to the person listed above. If faxing, please include a cover sheet with a statement of confidentiality.

**NAME OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_







## Conditions of Employment Training

All children placed at Chamberlain's Youth Services have special developmental needs, which require highly competent care and supervision. While there are a variety of training programs available, they are not based on developing the specific competencies that are required by our employees.

Chamberlain's Youth Services has therefore developed its own competency based training program that is a co-requisite for training in a combination of classroom and work sites. The training focuses on the specific competencies required of our employees. Unless waived by the Program Coordinator, the classroom component of the training must be completed in the first 90 days of employment. Certificates of Competency are awarded to that candidate who completes the required training, and who satisfactorily completes a 6 month employee evaluation of each applicable skill.

Only those persons who hold a Chamberlain's Youth Services Certificate of Competency are eligible for employment as a Residential Counselor, Lead Residential Counselor, or Residential Supervisor. Persons employed prior to certification, are classified as Residential Counselor Trainees.

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I have read, I understand, and I agree to abide by the Conditions of Employment Training as described above. I further understand that completion of the proficiency certification and that I must complete the formal training. By signing this statement, I understand that my employment with Chamberlain's Youth Services will be terminated IF I have not completed the certification requirements within 6 months.

NAME (PRINT):

DATE:

SIGNATURE:

DATE:



## Resume / Application Fraud

I hereby certify all information provided on this employment application and all other information provided by me in the course of applying for employment at Chamberlain's Youth Services. is truthful and accurate. I understand that if any information provided by me on this employment application or any other information provided by me in the course of applying for employment at Chamberlain's Youth Services. is found to be false, untruthful, or misleading, that such will be cause for immediate rejection of my application for employment.

I further understand that if I am hired as an employee of Chamberlain's Youth Services and at any time thereafter it is discovered that any information provided by me on this employment application or any of the other information provided by me in the course of applying for employment at Chamberlain's Youth Services. is found to be false, untruthful, or misleading, I will be subject to immediate termination from employment.

Notwithstanding the above, I also understand that if I am offered and accept employment at Chamberlain's Youth Services my employment will be employment "At Will", which may be terminated by myself or by Chamberlain's Youth Services, at any time with or without notice and with or without cause.

NAME (PRINT):

DATE:

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SIGNATURE:

DATE:

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# CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities or Home Care Aide Registry applicants be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

**Have you ever been convicted of a crime in California ?** .....  **YES**  **NO**

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

**Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.?** .....  **YES**  **NO**

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

**NOTE:** IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY/ORGANIZATION.

<b>I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.</b>			
FACILITY/ORGANIZATION NAME		FACILITY/ORGANIZATION NUMBER	
YOUR NAME ( <i>PRINT CLEARLY</i> )	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER <small>(SEE PRIVACY STATEMENT ON REVERSE SIDE)</small>	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

**I. Instructions to Respondents:**

If you have been convicted of a crime in California, another state or in federal court, provide the following information:

*(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)*

What was the offense? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In which state and city did you commit the offense? \_\_\_\_\_

\_\_\_\_\_

When did this occur? \_\_\_\_\_

\_\_\_\_\_

Tell us what happened. (Use additional sheets of paper if needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**II. Instructions to Licensees:**

If the person discloses a criminal conviction, review the person’s statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility/organization personnel file and send a copy to your LPA.

**PRIVACY STATEMENT**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person’s SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility/organization, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17, 1596.871, and 1796.19). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

**NOTE: IMPORTANT INFORMATION**

The Department is required to tell people who ask, including the press, if someone in a licensed facility/organization has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility/organization that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.

**OUT-OF-STATE DISCLOSURE****OUT-OF-STATE DISCLOSURE**

Have you lived in a state other than California within the last five years?  Yes  No

If YES, identify each state and complete an LIC 198B for each state listed:

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I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.

LICENSED FACILITY, CERTIFIED FAMILY HOME, OR  
RESOURCE FAMILY NAME:

FACILITY NUMBER:

YOUR NAME (Print clearly):

YOUR ADDRESS (street, city, state, zip):

SOCIAL SECURITY NUMBER:  
(SEE PRIVACY STATEMENT)

DRIVER'S LICENSE NUMBER/STATE:

DATE OF BIRTH:

SIGNATURE:

DATE:

**INSTRUCTIONS TO LICENSEES ONLY:**

*If the person discloses that they have lived in another state within the last five (5) years, send this form and LIC 198B to the Caregiver Background Check Bureau, 744 P Street, MS T9-15-62, Sacramento, CA 95814.*

**PRIVACY STATEMENT**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be approved, licensed, work at, or be present at, a licensed facility, a certified family home, or home of a resource family, the law requires that you complete a criminal background check. (Health and Safety Code sections 1517, 1522, 1568.09, 1569.17 and 1596.871; Welfare and Institutions Code section 16519.5) The licensing or approval agency will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the licensing or approval agency (Civil Code section 1798 et seq.). Under the California Public Records Act, the licensing or approval agency may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.