2024 APPLICATION FOR SUMMER DAY CAMP EMPLOYMENT

Please return the completed application to the following: Goshen Parks & Recreation 276 Main Street Goshen, NY 10924 OR goshenjrc@gmail.com

Please check the position you are applying for:

K-7 Camp Director (21) ____ K-7 Health Director (RN, LPN or EMT) ____ K-7 Group Counselor (16) ____ K-7 Head Counselor (16) ____

All of these positions require lots of energy, a can-do outlook, a positive attitude, an excellent work ethic, and a willingness to work as a team.

Please print legibly – all information is required.

Having your parent fill out this application will greatly diminish your chances of being considered for any position.

| N T | DOD | |
|------|-----|-------------------|
| Name | DOB | Age as of 6/24/23 |

Complete Mailing Address

Please note: Our communication will be mainly via email and with you, the applicant, not your parents. Please provide your cell number and email address. Please be sure to list an email you check on a regular basis.

Applicant's Cell #_____

Applicant's Email address: _____

How did you learn about this position? _____

Are you currently employed? _____If yes, where? ______

Do you have a driver's license? Yes _____ No_____

Are you certified in CPR and/or First Aid? _____If yes, please include a current copy of your certification with your application.

| List 3 character references (not family members), their telephone #s, and relationship to you. Examples – teacher, guidance counselor, Girl Scout/Boy Scout leader volunteer organization leader, coach – someone who can vouch for your leadership skills and character. | | | | |
|--|--------------------------------|--------------------------------------|---------------|--|
| | Name | Phone | Relationship | |
| 1 | | | | |
| 2 | | | | |
| 3 | | · | | |
| Comn | unity Service activities or V | olunteer Work: | | |
| | | | | |
| | | | | |
| Do yo | u have experience working v | vith children (even siblings!)? Who, | when & where? | |
| | | | | |
| What | skills do you have that will a | dd to the camp experience this sum | ımer? | |
| | | | | |
| ~ | | | | |
| Give a | n example of how you have | demonstrated leadership skills befo | re. | |
| | | | | |

Describe your favorite camp memory from any camp you have attended or worked at. Have you ever worked or volunteered at our camp before? _____ If yes, which position(s) and how many years? _____ Work Experience: Name of business **Responsibilities** Dates ______ _ __

Please be aware that if you are accepted for a Counselor position, you must attend a mandatory annual Employee/Volunteer Orientation on Thursday, June 6, 2024. This training is mandated by the State of NY and must be completed annually. If you do not attend this training for any reason, we cannot have you as an employee for the 2024 summer season.

All former applicants must reapply.

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All Counselor applications must be received at our office by March 15, 2024.

Signature of Applicant _____ Date_____