

TOWN OF WAPPINGER



2018 TOWN OF WAPPINGER RECREATION  
SUMMER EMPLOYMENT APPLICATION SUMMER CAMP  
(Please print clearly)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Note:** Applicant must be at least 16 years of age by June 25, 2018 in order to apply for a position. ALL 16 & 17 YEAR OLD APPLICANTS MUST ATTACH A COPY OF THEIR WORKING PAPERS IN ORDER TO BE CONSIDERED FOR A POSITION. FAILURE TO DO SO WILL RESULT IN YOUR APPLICATION BEING DISMISSED. The Town of Wappinger is an Equal Opportunity Employer. You must provide your own transportation to and from the job.

★ **It is expected that the applicant will be available for the ENTIRE 7 WEEKS of Summer Camp (June 25– August 10).** *Special circumstances will be reviewed by the Recreation Director on an individual basis.*

★ **Applications MUST be received by May 1, 2018 to be considered for a position. Late applications will not be accepted.**

**Position applying for (Check all that apply):**

- Camp Director  Camp Counselor
- Camp Director with Certification  Camp Counselor with Certification
- CIT (Counselor in Training) – 15 years and up only

**CERTIFICATIONS:** Certification cards CANNOT expire BEFORE August 10, 2018. Please check all certifications that you possess, and attach front and back copies of your card(s).

CPR	
First Aid-Responding To An Emergency (R.T.E.)	
Other-(Specify)	

**Educational Background:**

1. High School \_\_\_\_\_ Graduation Date \_\_\_\_\_
2. College \_\_\_\_\_ Major \_\_\_\_\_
3. Expected Graduation Date from College \_\_\_\_\_

**Experience:** (List any positions or experiences that you feel were of value in helping prepare you for a camp position. For example: Arts & Crafts, Athletics, Babysitting, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**JOB EXPECTATIONS:** Please write a paragraph explaining why the Town of Wappinger Recreation Department should consider you for employment.

---

---

---

---

---

---

---

---

**References:** (As a courtesy, please GET PERMISSION to use these names as references so they are not surprised when they receive a phone call from us verifying your information, etc.). The Board of Health requires three (3) references of people who are NOT related to you.

Name	Relationship	Phone w/Area Code	OFFICE USE ONLY

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PLEASE NOTE THAT BY SIGNING THIS APPLICATION YOU AGREE TO ALL THE TERMS AND HAVE READ THE APPLICATION CAREFULLY.**

**YOU MAY DROP THIS OFF IN PERSON OR MAIL TO:**

**Town of Wappinger Recreation Department, 20 Middlebush Road, Wappingers Falls, N.Y. 12590**

