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SUMMER RECREATION CAMP APPLICATION

*All applicants will be screened. Not all applicants will be interviewed. Please be sure all contact information belongs to the applicant, not his/her parent(s). If applying for

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	<u>Pleas</u>	<u>e print all ințo</u>	rmation clearly.
NAME			DATE
STREET			
TOWN:			ZIP
EMAIL ADDRESS:			
DATE OF BIRTH			
EDUCATION:			
HIGH SCHOOL	FROM	TO	PRESENT GRADE
COLLEGE	FROM	TO	DEGREE
MAJOR		MINOR	
DO YOU HOLD A TEACHIN	G CERTIFIC	ATE?	
POSITION APPLIED FOR:			
GROUP SUPERVISOR O		CAN	MP COUNSELOR
EMTMA		INTENANCE	
GRADES MOST INTEREST (for Group Supervisor and Counseld			
K - 1 2	- 3 4 -	5 6 - 7	TRAVEL CAMP
(CHECK ALL GRADE PREF	ERENCE)		

PLEASE LIST MANALAPAN TOWNSHIP VOLUNTEER SERVICE PERFORMED BY YOURSELF OR YOUR PARENTS:

HAVE YOU EVER BEEN EMPLOYED BY THE PARKS & RECREATION DEPARTMENT?

YES ____ NO ____ IF YES, WHEN _____ CAPACITY _____

PLEASE LIST ANY EXTRACURRICULAR ACTIVITIES THAT YOU PARTICIPATE IN (INCLUDING ATHLETICS, CLUBS, ORGANIZATIONS, VOLUNTEER WORK, ETC.)

Please attach -

- 1. In two or more paragraphs why you qualify for the position you are applying for.
- 2. Provide a list of any special skills you have that can benefit the participants in our Summer Recreation Camp Program.

REFERENCES:

Please give the name, address and telephone number of three persons who are personally acquainted with you. (not relatives)

1.				
	NAME	ADDRESS	TELEPHONE #	RELATIONSHIP
2.				
	NAME	ADDRESS	TELEPHONE #	RELATIONSHIP
3.				
	NAME	ADDRESS	TELEPHONE #	RELATIONSHIP

If applicable, who referred you to this job:

RECREATION KEEPS YOU FIT FOR LIFE!