

SEABROOK RECREATION DEPARTMENT: SUMMER CAMP 2018

Please Circle 1: *Volunteer Application* or *Employment Application*

Please complete the following and return it to the Seabrook Recreation Department.

**We will review your application and contact you if we have an opportunity available.*

Date: _____ Desired position (Circle 1): Group Leader / Counselor / Volunteer

Name: _____ Street: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: Home _____ Work _____ Cell _____

Current Occupation: _____ Organization/Company _____

PLEASE CIRCLE (Y OR N) IN POSITION YOU ARE APPLYING FOR.

GROUP LEADER		COUNSELOR	
Y or N	Able to plan, prepare & lead activities with approx. 20 campers	Y or N	Able to assist in planning and leading recreational activities
Y or N	Able to lead other staff members / delegate/ be a team player	Y or N	Able to assist in behavior management and supervising campers
Y or N	Currently certified in 1 st aid / CPR	Y or N	Currently certified in 1 st aid / CPR
Y or N	Able to handle discipline issues as they arise and manage group behaviors	Y or N	Willing to participate in activities with campers
Y or N	Able to communicate well with parents, campers and co-workers	Y or N	Able to be responsible, make mature decisions and interact appropriately
Y or N	Able to keep accurate attendance and lunch count records	Y or N	Willing to assist in cleaning, as needed
Y or N	Able to maturely interact with children, as a role model	Y or N	Willing to perform tasks delegated by group leader or camp director
Y or N	Able to manage campers transitioning from one area to another	Y or N	Able to speak in front of groups of up to 20 people
Y or N	Willing to perform tasks delegated by camp director or Rec. Dept. Director	Y or N	Able to attend all of the summer camp work season
Y or N	Able to attend all of the summer camp work season		

PLEASE CHECK ALL AVAILABILITY

Please note: work times may vary and a more specific schedule will be determined upon hire.

Training Dates:	Mon. June 11 th – Wed. June 12 th	3pm-8:00pm (Group Leaders ONLY)
	Wed. June 13 th	3pm-8:30pm (1st Aid & CPR Training)
	Mon. June 18 th - Fri. June 22 nd	7:30am-3:30pm (ALL STAFF)
Meet the Staff Night	Friday June 22 nd	6-8pm (ALL STAFF)
WEEK 1 w/ Campers	Mon. June 25 th - Fri. June 29 th	7:45am-3:45pm
WEEK 2 w/ Campers	Mon. July 2 nd - Fri. July 6 th	7:45am-3:45pm (No Camp Wed. July 4 th)
WEEK 3 w/ Campers	Mon. July 9 th - Fri. July 13 th	7:45am-3:45pm
WEEK 4 w/ Campers	Mon. July 16 th - Fri. July. 20 th	7:45am-3:45pm
WEEK 5 w/ Campers	Mon. July 23 rd - Fri. July.27 th	7:45am-3:45pm
WEEK 6 w/ Campers	Mon. July. 30 th - Fri. Aug. 3 rd	7:45am-3:45pm
WEEK 7 w/ Campers	Mon. Aug. 6 th - Fri. Aug.10 th	7:45am-3:45pm
WEEK 8 w/ Campers	Mon. Aug. 13 th -Wed. Aug. 15 th	7:45am-3:45pm
Clean-up & Prep. / OHD	Thurs. Aug. 16 th	9am-1pm (Hours may vary)
OHD EVENT	Sat. Aug. 18 th	9am-9pm (5 hr. shift, as assigned; Hours may vary)

Rank (1-10) your ability to lead the following type of activities:

1= very little comfort 5= some experience 10= very comfortable / knowledgeable

- | | |
|--|------------------------------------|
| _____ Craft making | _____ Gym Games |
| _____ Sports | _____ Fitness |
| _____ Outdoor / Survival activities | _____ Team Building |
| _____ Community Service/Service Learning | _____ Project Adventure/Leadership |
| _____ Dance/Music | _____ Other: _____ |
| _____ Drama | |

Why are you interested in working for a summer camp program?

Please list any special training, skills, talents, interests, etc. that you have.

Please list specific experience that you have that relates to working with children, adolescents, or prior experience with the Seabrook Recreation Department or the Seabrook Adventure Zone:

Please rank your desired age group to work with:

(1= not interested in this age group) (5= indifferent) (10= strongly like to work with this age group)

- | | | |
|-----------------------------|-----------------------------|-------------------------------|
| _____ 8 th Grade | _____ 5 th Grade | _____ 2 nd Grade |
| _____ 7 th Grade | _____ 4 th Grade | _____ k-1 st Grade |
| _____ 6 th Grade | _____ 3 rd Grade | _____ 3 yrs.-5 yrs. |

If you have a strong interest in working with a specific age group, please explain why:

If you have a strong interest in NOT working with a specific age group, please explain why:



TOWN OF SEABROOK, NEW HAMPSHIRE

99 Lafayette Road, Seabrook, NH 03874

Mailing Address: PO Box 456, Seabrook, NH 03874

Application for Employment

(please print or type)

Employees of the Town and applicants for employment shall without regard to race, sex, color, religious creed, national origin or ancestry, age, veteran status, sexual orientation, marital status or maiden name, political affiliation or disability be afforded equal opportunity in all aspects of employment. NOTE: *If you will require special accommodation in order to apply for this position, please notify the Town Manager's Office prior to the deadline for submitting applications.*

PERSONAL INFORMATION

Date of Application:

Position Applied for and Department:

Availability (full-time, part-time, seasonal):

Full Name (first, middle, last):

Address (street/city/state/zip):

Home Phone: ()

Work Phone: ()

Have you ever been employed with the Town before: NO () YES ()

If YES, please provide:

Title of Position Held:

Termination Date:

Reason for Leaving:

If you are under 18 years of age, can you provide required proof of your eligibility to work? NO () YES ()

Are you a citizen of the United States? NO () YES ()

If NO, can you provide proof that you are eligible to work in the United States, in accordance with the

Immigration Reform and Control Act? NO () YES ()

EDUCATION

Circle the highest grade completed: 5 6 7 8 9 10 11 12 College: 1 2 3 4 5 6 6+

	School (name, city, state)	Diploma/Degree	Dates Attended	Course of Study Major/Minor
High School/GED		Yes () No ()	From: To:	
Undergraduate College/University		Yes () No ()	From: To:	
Graduate College/University		Yes () No ()	From: To:	
Other Education, i.e. Technical, Business		Yes () No ()	From: To:	

EMPLOYMENT HISTORY

(Please list your most recent employer first, and account for any gaps in employment.)

Company:

Full Address:

Your Title:

Employed From:

Employed To:

Salary or Rate of Pay

Starting:

Ending:

Responsibilities:

Supervisor's Name:

Phone Number: ()

Reason for Leaving:

May we contact your present employer: NO () YES ()

Company:

Full Address:

Your Title:

Employed From:

Employed To:

Salary or Rate of Pay

Starting:

Ending:

Responsibilities:

Supervisor's Name:

Phone Number: ()

Reason for Leaving:

Company:

Full Address:

Your Title:

Employed From:

Employed To:

Salary or Rate of Pay

Starting:

Ending:

Responsibilities:

Supervisor's Name:

Phone Number: ()

Reason for Leaving:

**IF NEEDED, PLEASE ATTACH ADDITIONAL SHEETS
TO INCLUDE ADDITIONAL EMPLOYMENT HISTORY.**

Have you ever served in the U.S. Armed Forces? YES () NO ()

IF YES, what branch? Rank at Discharge:

Type of Discharge: Date of Discharge:

Describe any training received which would be relevant to the position for which you are applying:

SPECIFIC SKILLS

List technical/professional licenses or certifications you hold:

List office machines, heavy equipment, vehicles and other machinery you can operate:

Indicate any specialized training you have received:

DRIVER'S LICENSES/History (Use additional sheets as necessary)

List all presently unexpired motor vehicle operator's licenses you hold:

License #	Issuing State	Expiration Date: / /	License Type:
License #	Issuing State	Expiration Date: / /	License Type:
License #	Issuing State	Expiration Date: / /	License Type:

Please complete motor vehicle accident record for past 3 years

Dates	Nature of Accident (Head-on, Rear-end, etc.)
Last Accident:	
Next previous:	

Indicate ALL traffic convictions during the past 7 years (other than parking violations) and dates of ALL license suspensions or forfeitures during the past 7 years.

Location	Date	Description

CRIMINAL HISTORY

Have you ever been arrested for or convicted of a felony or misdemeanor that has not been annulled by a court?
 If yes, explain fully (use additional sheets of paper if needed). **This section must be completed if applicable.**

REFERENCES (Use additional sheets if necessary)

List three (3) personal references who are not former employers or related to you:

Name and Occupation	Full Address	Phone Number	Relationship

MISCELLANEOUS ADDITIONAL INFORMATION

Have you ever applied for a position with us before? Yes () No ()

If Yes, give date and the position:

Use this space for any further information you think would help us evaluate your application:

CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I CERTIFY that all entries on this application for employment, and attachments, are true and complete, and, that I understand that any falsification of information herein, material half-truths, misstatements or omissions, regardless of their time of discovery, may cause forfeiture on my part to any employment with the Town of Seabrook. I understand that all information on this application is subject to verification and I consent to the contacting of references, former employers and educational institutions regarding this application.

I AUTHORIZE the Town of Seabrook to obtain any information from schools, employers, or individuals relating to my activities. This information may include, but is not limited to: academic, achievement, performance, attendance, personal history, disciplinary. Further, I hereby authorize all references, persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume or other documents supplied by me) to provide the Town of Seabrook any relevant information that may be required to arrive at an employment decision. I understand that the information release is for the Town of Seabrook's use only.

I RELEASE any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may, at any time, happen to me as a result of compliance and/or attempts to comply with this authorization.

Applicant's Signature

Date

**THE TOWN OF SEABROOK
IS AN EQUAL OPPORTUNITY EMPLOYER**