Date Due: 4/22/22

or until positions are filled

DEEP RIVER PARKS AND RECREATION 2022 SUMMER CAMP EMPLOYMENT

POSITION DESIRED: Apply for only one position per application.					Please see complete job descriptions & job requirements on the Town's web site.						
Summer Youth Cam	p:				L	,,		ents on t	THE TOW	ii s web site.	
Youth	Voluntee	er (Counselor-in-Training	(CIT))	Jui	nior Couns	selor		Senior C	ounselo	r	
NAME				EMA	AIL:						
ADDRESS			TOWN	TOWN			STATE ZIP				
CELL PHONE				ALT	PHONE						
AGE (if minor):		GRADE (FALL 2022)	:	SCHOO							
EDUCATION:		Name & Address	Course of S			tudy Yea Compl					
Secondary School											
College											
Other (Specify)											
WORK/CAMP HIST	ΓORY (iı	nclude volunteer experie	nce):								
Employer		Position Title		Job Description						Dates	
Special Training and C	Certificati	ions held: (include copies	of current	first ai	d, CPR an	ıd life	guard c	ertificatio	ons)		
Do you have any know	vn allergi	es? YESNO	D	o you	carry an e	pi-per	? YES_	11	NO		
If yes, to what are you	allergic?										
Interests and Hobbies:	:										
Why do you feel quali	fied for t	his position?									

For Counselor & CIT positions- Summer Camp runs tentatively from Monday, June 20 th through Friday, August 12 th 2022, M-F. No camp on Monday, July 4 th . CIT positions are offered as either half day or full day with preference given for full day availability. Counselor's positions are ONLY full day.										
Please see job descriptions for min	imum availal	bility requirements.								
Are you available to work: Full Time Part Time *Half Day/AM *Half Day/PM Full Day *for CIT's only										
Times Not available:										
Date		Days Time Re			eason (i.e. vacation, other job, doc. appt. etc.)					
		-								
Additional information regarding availability										
REFERENCES: List two people	e (excluding	relatives) who can attes	st to your cha	racter and	work ethic.					
NAME ADDRESS PHONE										
	EMER	GENCY CONTACT	PERSON AN	ND PHON	E NUMBEI	R:				
NAME/RELATIONSHIP:	·-					_				
PHONE-HM: WK: CELL:										
"I certify that all the information so omissions, or misrepresentations are any time. In consideration of my eremployment and compensation care option. I also understand and agree notice, at any time by the Town. It First Selectman, and then only who specific period, or to make any agree Employment.	ubmitted by rediscovered imployment, In the terminate that the terminderstand the in writing and in writing.	ne on this application is to , my application may be agree to conform to the ed, with or without cause s and conditions of my er lat Deep River Parks & R and signed by the either,	true and comprejected and if Town of Deep, and with or value matecreation's D has the author	elete, and I I am emp River's ru without not ay be chang irector serv rity to ente	understand the loyed, my emules and policities, at any tinged, with or wing as the To rinto any agree.	at if any false inform ployment may be ten ies. I further agree the ne at either my or the ithout cause, and wit wn representative, a eement for employm	nation, rminated at nat my e Town's h or without s well as its ent for any			
Signature			I	Date						
Email Address	Email AddressCell No									
Office Use Only: Date Received:		Certifications Receiv	ved: CPR	FIRST A	ID AED	LIFEGUARD	EPI-PEN			
MEDICAL ADMINISTRATION	OTHER		_							