

Williston Recreation & Parks Department 7900 Williston Road, Williston, VT 05495 ww.willistonrec.org (802) 876-1160 recreation@willistonvt.com

www.willistonrec.org

recreation@willistonvt.org

Summer Camp Employment Application

Applicant Informatio	<u>n</u> :]	Date of Application:		
Name: Phone Numbers:	First		Mi	Middle			
E-mail Address:	Cell Phone	;		Home Ph	one	School Phone	
	Until When?			Permane	Permanent Address:		
				Street:	Street:		
City:						State: Zip:	
Employment Desired	:						
Position Desired:	1 st Choice				2 nd Choice		
Dates of Availability:	From		То	<u> </u>	Salary Range	Desired:	
Have you worked for th	e Town of V	Villiston befo	re? YI	ES NO	If so, in which	dept?	
How did you hear about	t the position	n you are apj	olying for? <i>(cl</i>	heck those that	apply)		
Newspaper	Radio	Website	Walk-In	Friend	Other		
If currently in school- C High School		ame, City, S		-	nool- 1 2 3 4 rse Study/Major	College- 1 2 3 4 Degree Received	
College Other							
Certifications: List the certifications that you hold and their expiration dates. Please list additional ones on back if needed. Certification Organization Expires						-	
Describe Work Experiences that you have had that are related to the position that you are applying for:							
Describe any other spec	ial skills or	qualification	s that you hav	ve related to the	e position that you are	applying for:	

Employment History: List your past two work experiences. Please submit a detailed resume of your work experience.

May we contact the employers listed below?	YES NO If	not, indicate which one(s) you do	o not want contacted
Company Name:		Employed From	То
Address:			
Address:Street Name and Title of Immediate Supervisor:	City	State Phone:	Zip
Your Title	Reason for Leaving:		
Description of Responsibilities:			
Company Name:		Employed From	То
Address:Street			
Street Name and Title of Immediate Supervisor:	City	State Phone:	Zip
Your Title	Reason for Leaving:		
Description of Responsibilities:			
Name of Supervisors: Description of Responsibilities: Operation Name:		Phone:	
Organization Name:		Volunteered From	
Name of Supervisors: Description of Responsibilities:		Phone:	
Personal Reference: List two individuals, not	related to you, that can	provide a character reference on	you.
Name:	Work Phone:	Home Pho	one:
Address:Street			
Street Relationship to Applicant:	City	State How many years have they	Zip known you?
Name:	Work Phone:	Home Pho	one:
Address:			
Street	City	State	Zip

Requirements for Employment: All potential employees must meet the following minimum requirements.

- 1. Must be 16 years of age or older at the time of employment.
- 2. Must complete a release for a background check.
- 3. Employment offers are conditional based on the results of number 2 above.
- 4. Successful completion of or certification in areas that are required by the position.
- 5. More specific requirements may be necessary for a position; these will be discussed at the interview.

Statement of Purpose:

Relationship to Applicant:

I certify that the information that I have provided on this application and all attachments is true and complete to the best of my knowledge. I further acknowledge that if any information herein is determined to be untrue, misleading, or omitted, it will result in disqualification from employment or immediate dismissal, regardless of the time of discovery by the Williston Recreation & Parks Department. I hereby authorize the Williston Recreation & Parks Department to make a thorough investigation of my past employment and activities. I release from all liability the Williston Recreation & Parks Department, former employers, or any persons supplying such information.

Applicant Signature: ____

How many years have they known you?

Summer Camp Supplement Application

Section 1:

QUESTIONS

Please answer the following questions on a separate sheet of paper.

- 1. What do you think will be the greatest challenge for you in this position?
- 2. What special skills or talents do you have from which camp will benefit?
- 3. What do you hope to gain from this work experience?

Section 2:

SKILLS INVENTORY SHEET

Staff are required to lead a number of different activities throughout the summer. Please fill out the checklist below indicating your level of experience for each of the activities. Place the appropriate number to the activities listed:

- 1. Topics in which you feel you are qualified to teach, lead, and supervise.
- 2. Topics in which you feel you are qualified to assist.
- 3. Topics in which you have participated.

Leave Blank- Any topics in which you have no experience.

ARTS & CRAFTS:

Jewelry Making	Weaving/Spinning	Painting/Murals	
Pottery/Clay		Puppet Making	
Drawing/Sketching	Refrigerator Art	Others	
AQUATICS:			
Lifeguard Cert.	Teach Swimming	Kayaking Canoeing	
Water Games	Snorkeling	Others	
FINE ARTS:			
Dance/Yoga	Drama/Skits	Creative writing	
Song leading/writing	Story telling	Photography	
Music	Musical instruments	Others	
NATURE STUDIES:			
Nature Crafts	Plants/Ecology	Animal/habitats	
Forestry /conservation		Insects	
Weather	Astronomy	Others	
OUTDOOR LIVING SKILLS:			
Camp Craft	Orienteering	Hiking/backpacking	
Fishing		Backcountry first aid	
Leave No Trace	Others		
SPORTS:			
Archery	Baseball/softball	Lacrosse	
Field hockey	Tennis	Street/floor hockey	
Basketball		Gymnastics	
Football	Golf	Track & Field	
Martial Arts	Ultimate Frisbee	Others	
MISCELLANEOUS:			
Sign Language	Folk/local history	Foreign Language	
New games		Rocketry	
Science	Parachute Games	Community Service	
Rainy day programs	Others		

Please describe any other areas that you feel you can teach or assistant with: