

TOWN OF EAST BLOOMFIELD
Summer Recreation Program Counselor/Specialist Application

Please return applications to the East Bloomfield Town Hall or to Amy/Kelly at the Elementary School
No later than **Thursday, May 23, 2024**

ApplicantName _____

Address _____

Cell Phone No. _____ Age _____ Birth Date _____ Current Grade _____

Are you able to receive text messages? Yes / No (Circle one) Returning Staff Member? Yes/No

Applicants must be at least 15 years old.

T-shirt size: **Please circle one:** Child: Large Adult: Small Med Large X-Large 2 X-Large

Counselors work with different age groups and specialty areas. Please identify your top 3 choices numbered from 1-3 below.

Counselor Groups

___ UPK/K

___ Grade 1

___ Grade 2

___ Grade 3

___ Grade 4

___ Grade 5

___ YPGO 6-7

Specialist Areas (MUST BE GRADUATING FROM HIGH SCHOOL THIS YEAR OR OLDER):

___ Science

___ Art

___ Music

___ Athletics

___ Outdoor games/activities

It is essential to the success of the program that employees report to work on time and be present every day. **Camp set up, training and orientation is Monday, June 24, 2022 from 4:30-6:00pm.**

Camp hours of operation are Monday through Friday, from 8:30 am to 12:15 pm, from July 1st through August 9th, 2024. It is understood that there may be occasions when employees will be asked to work additional hours for meetings, field trips and planning.

REFERENCES

List Contacts for references, such as teachers or community members. Please do not use relatives.

Name	Phone	Position / Relationship
1.		
2.		
3.		

APPLICANT'S ACKNOWLEDGEMENT

I hereby affirm that all information provided on this application is true. I give permission to the Director and Assistant Director of the East Bloomfield Summer Recreation Program to contact the references provided to verify information. I acknowledge that the program for this position begins on Monday, June 24, 2024, camp set up, training and orientation day, and ends August 9, 2024, the last day of camp. I will plan my summer accordingly and will work each day unless prior notice is given.

I also understand that a background check is required for this position and authorize release of any pertinent information to the Town of East Bloomfield as prospective employer.

In the event that I am injured, I authorize the Recreation Program Director, Recreation Program Assistant Director or Recreation Program Nurse to seek medical care.

Applicant's Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION

Name _____

Relationship _____

Address:

Home Phone _____ Work Phone _____

Cell Phone _____

Allergies or any other medical conditions (please describe)

For questions about the Summer Recreation program, call or text **Amy Culbertson 585-905-7256**
Or via email amyculbertson@gmail.com

PLEASE INDICATE BELOW **ANY AND ALL DAYS** THAT YOU WILL BE ABSENT FROM
SUMMER REC:

- 1.
- 2.
- 3.
- 4.