

**TOWN OF MARBLETOWN
PARKS, TRAILS AND RECREATION**

PO Box 217, Stone Ridge, NY 12484

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www.marbletown.net

845-687-7500 X170

APPLICATION FOR SUMMER CAMP COUNSELOR OR CIT

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

GRADE OR COLLEGE LEVEL YOU WILL ENTER IN FALL: _____ DATE OF BIRTH: _____

SCHOOL YOU ATTEND: _____ DO YOU TEXT? _____

BEST METHOD TO REACH YOU: (HOME PHONE, CELL, EMAIL, TEXT, MAIL) _____

MARBLETOWN SUMMER CAMP WILL INCLUDE 6 ONE WEEK SESSIONS. PLEASE MARK EACH SESSION THAT YOU WOULD BE ABLE TO WORK AT. YOU WILL NOT NECESSARILY BE ASSIGNED ALL OF THOSE BUT CHECKING ALL SESSIONS THAT YOU ARE AVAILABLE WILL HELP THE DIRECTOR WITH SCHEDULING. IN ORDER TO WORK AT CAMP, YOU MUST BE AVAILABLE FROM 8:30 a.m. - 12:15 p.m., MONDAY, WEDNESDAY AND FRIDAY, and 8:30 a.m. – 3:15 p.m. TUESDAY and THURSDAYS. WHEN SELECTING YOUR SESSIONS, CONSIDER FAMILY VACATIONS, CAMPS YOU ARE ATTENDING, SPORTS, ETC. DISCUSS SUMMER SCHEDULE CAREFULLY WITH YOUR PARENTS/GUARDIANS.

_____ JULY 8 – JULY 12

_____ JULY 29 – AUGUST 2

_____ JULY 15 - JULY 19

_____ AUGUST 5 - AUGUST 9

_____ JULY 22 – JULY 26

_____ AUGUST 12 - AUGUST 16

_____ CAMP COUNSELOR: WORK WITH ELEMENTARY AGE AND MUST BE 16 YEARS OR OLDER

_____ COUNSELOR IN TRAINING: MUST BE 15 YEARS OR OLDER

****COMPLETE BACK ALSO**

1. WHY DO YOU WANT TO BE A CAMP COUNSELOR?
2. WHAT DO YOU HOPE TO GAIN FROM BEING A COUNSELOR?
3. DESCRIBE ANY EXPERIENCE YOU HAVE HAD THAT IS RELEVANT TO A CAMP COUNSELOR POSITION.
(WORKING WITH CHILDREN, TEACHING, FIRST AID, LEADERSHIP ROLES)
4. DESCRIBE 3 QUALITIES THAT YOU THINK ARE IMPORTANT FOR A CAMP COUNSELOR TO HAVE.

References: Please List 3 References (employer, teacher,

Name_____ Relationship_____ Phone #_____

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AS A COUNSELOR YOU WILL: HELP WITH SET-UP AND CLEAN-UP, PLAY GAMES, TEACH LESSONS AND ACTIVITIES, SUPERVISE CAMPERS, KEEP CAMPERS SAFE AND ANSWER QUESTIONS. IT IS VERY IMPORTANT THAT EVERY COUNSELOR SHOWS UP ON THE DAYS THEY ARE SCHEDULED TO WORK. IF THEY DO NOT, SUCCESS OF THE CAMP IS JEOPARDIZED. IF YOU ARE SICK ON A DAY YOU ARE ASSIGNED TO WORK YOU MUST NOTIFY THE REC. OFFICE AS SOON AS POSSIBLE.

I HAVE READ THE INFORMATION ABOVE AND FEEL I CAN FULFILL THE COMMITMENTS AND REQUIREMENTS OF A CAMP COUNSELOR. I HAVE SELECTED THE DATES I AM AVAILABLE TO WORK AND CONSULTED WITH PARENTS/GUARDIANS ABOUT MY SUMMER PLANS. I UNDERSTAND THAT ONCE THE SCHEDULE HAS BEEN PREPARED, I AM EXPECTED TO ATTEND AT THE ASSIGNED DATES AND TIMES. I HAVE TRANSPORTATION TO AND FROM CAMP.

APPLICANT SIGNATURE:

_____ DATE: _____