

**APPLICATION FOR GOSHEN RECREATION
SUMMER CAMP EMPLOYMENT**

Please Check Off the Summer Camp Position(s) You Are Applying For:

K-7 Camp Director _____ K-7 Health Director _____ K-7 Camp Counselor _____

Name _____ Date of Birth _____

Address _____ Email _____

Telephone _____ Cell Phone _____

Previous Work Experience _____

Education _____

How did you learn about this position? _____

Are you currently employed? _____ If yes, where? _____

Do you hold a driver's license? _____

Are you Certified in CPR and/or First Aid? _____ (If Yes, include a current copy with your application)

List three (3) references and telephone numbers:

_____	_____
_____	_____
_____	_____

Have you ever worked at the camp before? _____ If Yes, how many years? _____

Please note that if you are hired for a position, you must attend an Employee Orientation and complete all paperwork in a timely matter. All former applicants must reapply.

Signature of Applicant _____ Date _____

**Please Return Completed Application To:
Village Hall/JRC
276 Main Street
Goshen, NY 10924
(845) 294-1558**