

MOHAWK SUMMER REC PROGRAM PAID STAFF APPLICATION

NAME _____

DATE _____

ADDRESS _____

PHONE _____

AGE _____

DATE OF BIRTH _____

T-SHIRT SIZE _____

GRADE COMPLETING JUNE 2017 _____

DO YOU HAVE CPR OR FIRST AID TRAINING? _____

LIST ANY SPECIAL SKILLS YOU HAVE THAT WOULD ENHANCE OUR RECREATION PROGRAM

BRIEFLY COMPLETE THE FOLLOWING STATEMENT:

I WOULD LIKE TO WORK FOR THE REC PROGRAM BECAUSE.....

PLEASE LIST THREE REFERANCES (NOT RELATIVES) AND THEIR PHONE NUMBERS

1.

2.

3.

List Employment History over the past 5 years

Place of Employment	Date of Employment	Contact Person	Address of Contact Person	Phone Number of Contact Person

DO YOU ANTICIPATE ANY DAYS THAT YOU WILL NOT BE AVAILABLE TO WORK? _____

“This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health.” This program complies with MDPH regulations (105CMR430) and is licensed by the Buckland Board of Health. Information on these regulations can be obtained at (617)983-6761

