

# Town of Guilderland Parks & Recreation Summer Employment Application

Please return to: Guilderland Parks & Recreation Department  
181 State Route 146, Altamont, NY 12009

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student: \_\_\_\_\_ Grade/Year entering: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School/College

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applying For (Check One):  Lifeguard  Day Camp Counselor  Pool Booth Attendant

Previous employment with the Town of Guilderland:

Counselor: Year \_\_\_\_\_ Age Group: \_\_\_\_\_ Group leaders name: \_\_\_\_\_

Paid/volunteer experiences with children or relevant to the position applying for:

| <u>Position</u> | <u>Employer</u> | <u>Date</u> |
|-----------------|-----------------|-------------|
| _____           | _____           | _____       |
| _____           | _____           | _____       |
| _____           | _____           | _____       |

Education/Schools/Colleges attended:

\_\_\_\_\_

\_\_\_\_\_

Special Interests: Indicate special interests in any of the following areas: sports, song leading, arts and crafts, theater, and/or working with children with special needs. Include any school sports played, honors or leadership experiences.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Training / Certificates: Please write expiration date AND attach a copy of your certification(s).

Standard First Aid: \_\_\_\_\_ CPR/AED: \_\_\_\_\_

Lifeguard Training: \_\_\_\_\_ Water Safety Instructor: \_\_\_\_\_

**Describe what you can offer to the Tawasentha Park Day Camp or Town Pool and the Parks & Recreation Department.**

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**References: Please give two references with name, addresses and phone numbers.**

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**Counselors are expected to be available for the full term of their contract. Indicate any time you will not be available to work including school, family and work commitments.**

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**In case of emergency please provide emergency contacts:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_ **Any allergies:** \_\_\_\_\_

**I certify that all statements on this application are true.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_