

Coddington Road Community Center - Summer Day Camp

Supplemental Employment Application

Date _____

Name _____ Date of Birth _____ Social Security Number _____

Street Address _____ City/State/Zip _____

Home Telephone _____ Cell # _____ Email address _____
(Provide only if you check your email regularly)

Position applied for:

1. Do you prefer to work: full time ____ part time _____ either _____

Please list any dates from June 29th to September 4th that you are unavailable for work.

2. If you prefer working with a particular age group, indicate your first choice with a 1, second choice with a 2, etc.

No preference ____ Kindergarten ____ 1st-2nd ____ 3rd-5th ____ 6th-8th ____

If you indicated a preference, explain why you prefer working with the group you picked as your first choice.

3. What traits do you think parents look for in a camp counselor?

4. What attributes do you feel you have gained from working here last year? Are there ways you would like to grow or improve?

5. Are there aspects of our camp would you like to see change?

If so, what are they, and how do you think we should implement these changes?