

Town of Wells Recreation
 208 Sanford Rd (Mailing)
 412 Branch Rd (Physical)
 Wells, ME 04090
 207-646-5826



Summer Day Camp Applicant Questionnaire

*** You must be available for training the week prior to camp and full 8 week camp program. ***

About You	
Name:	
Cell Phone:	Mobile Carrier:
Email:	

Position Applied For	
Check the position(s) you are applying for and the age group(s) that you are most interested in working with. Note: Applicants under the age of 16 must provide a valid Work Permit	
Jr. Camp Counselor (Min. age 15)	Camp Counselor (Min. age 16)
<input type="checkbox"/> Camp K-1	<input type="checkbox"/> Camp K-1
<input type="checkbox"/> Camp 2-3	<input type="checkbox"/> Camp 2-3
<input type="checkbox"/> Camp 4-6	<input type="checkbox"/> Camp 4-6
Camp Coordinator (Min. age 19)	Jr. Leadership Counselor (Min. age 18)
<input type="checkbox"/> Camp K-1	<input type="checkbox"/> Junior Leadership (Grades 7-9)
<input type="checkbox"/> Camp 2-3	Jr Leadership Coordinator (Min. age 21)
<input type="checkbox"/> Camp 4-6	<input type="checkbox"/> Junior Leadership (Grades 7-9)

Background Information	
Have you ever been suspended from school?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please describe the circumstances involved:	
<i>A "yes" answer to the above question will not automatically disqualify you from employment. Date of offense, severity, and job relatedness will be considered.</i>	

Certification	
Do you have a current certification in CPR or First Aid? (If yes, please include a copy of your certificate)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

References		
Please give four (4) personal references who are not past employers and who are not your relative.		
Name	Phone	Email

NOTE: You **MUST** also include a **Letter of Recommendation** from a teacher, coach, guidance counselor or former employer (including babysitting jobs).

Experience

Please list and describe any experience you have had working with children and the names and telephone numbers of people who could tell about these experiences (including babysitting, church groups, other counselor experiences; if noted as a reference then you do not need to list them again.)

Activity Experience

Rank the following categories:

(1) Activities in which you have experience and are capable of leading.

(2) Activities in which you have participated in and could assist in leading.

(3) Activities in which you have interest but you have had no experience.

Sports	Boating	Games	
Tennis		Canoeing	Group Games
Soccer		Sailing	Initiatives
Basketball		Rowing	New Games
Flag Football		Kayak or SUP	Carnival Games
Lacrosse	Outdoor Skills		Drama/ Music
Volleyball		Outdoor Cooking	Skits/Plays
Archery		Hiking	Song Leading
Baseball		Climbing	Storytelling
Softball		Survival Skills	Dance
Swimming		Fire building	Musical Instrument
Advanced Lifesaving		Group Camping	what kind?:
WSI	Nature	Crafts	
Track/Running		Plants	Nature Crafts
Bicycling		Ecology	Painting/Drawing
Other (list):		Entomology	Photography
		Oceanography	Other (list):
		Animals	

Additional Information

Please add any additional comments or information that might be helpful to those making the hiring decision.

Questionnaire

Please answer the following questions. If more space is needed, continue your answer on the back or attach additional sheets.

Why do you want to work at the Wells Recreation Day Camp?

What are your expectations of the position you are applying for?

What hobbies do you enjoy during your spare time?

What makes you qualified for a position working with children?

What goals would you like to accomplish as a day camp employee?

What activities would you like to see as part of the day camp program? How would you help to make them part of our day camp program?

What are some qualities that you admire in other people?



**TOWN OF WELLS
EMPLOYEE/VOLUNTEER BACKGROUND INFORMATION RELEASE FORM**

I, _____, the undersigned applicant for employment with the Town of Wells hereby expressly authorize the Town of Wells, its agents and employees to make any investigation of my personal or employment history, expressly including, but not limited to federal and/or state criminal, law enforcement, and motor vehicle records. I further authorize any former employer, person, firm, corporation, agency, administrative body or governmental agency to give the Town of Wells, its agents or employees any information they may have regarding me. In consideration of the review of my employment application with the Town of Wells, its agents or employees, I hereby release the Town of Wells and any or all providers of information to whom this release is sent, from any liability as a result of furnishing or receiving this information. I hereby state that all the information and materials I have provided to the Town of Wells and will be providing as part of the application for employment process are accurate and truthful.

I authorize all my present and previous employers, and references, to furnish information regarding my personal character, habits, and employment performance. I also authorize schools which I have attended to provide verification of educational attainment and other relevant information.

(Public Works Applicants Only) I expressly authorize the Town of Wells, its agents and employees to make a pre-employment CDL driver investigation of my driving history, as required by law, under the Federal Motor Carrier Safety Administration Clearing House. I understand that if I choose not to consent to this investigation, I may not be considered for employment with the Town of Wells.

Applicant Full Legal Name (print)

Applicant Signature

Social Security Number

Date of Birth

Driver's License Number

State Issued

Date