



Cromwell Recreation Department
Summer Camp Counselor Application

Position Applying for: _____

Please Print Name: _____ Phone Number: _____

Address: _____

Email: _____ Are you at least 16 years of Age _____

Age Preference to work with _____

Education:

(High School) (Grade Level)

(College) (Years Completed/ Degree)

Certifications:

Clubs or Program involved with (in or out of school);

Club Name	Position Held	Grade in Club	Supervisor
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Employment History (Two Most Recent):

Name and Address	Dates	Position Held	Reason for Leaving
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List 3 References (Not Related to You):

Name:	Address:	Phone:	Business:
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Return completed application to the Cromwell Recreation Department, 41 West Street, Cromwell, CT 06416 or by email to recreation@cromwellct.com cromwellrec.com ~ 860-632-3467
