



Cromwell Recreation Department
2025 Summer Camp Counselor Application

Position Applying for: _____

Please Print Name: _____ Phone Number: _____

Address: _____

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

Do you have experience supervising: Age 3-5 Age 5-6 Age 7-9 Age 10-13 None/Not listed

How did you find out about us? Newspaper Online Friend/Family

Education:

(High School) (Grade Level)

(College) (Years Completed/ Degree)

Relevant Certifications:

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

Program Name	Position Held	Grade in Club	Supervisor
_____	_____	_____	_____

Employment History (Two Most Recent):

Name and Address	Dates	Position Held	Reason for Leaving
_____	_____	_____	_____

List 3 References (Not Related to You):

Name:	Address:	Phone:	Business:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Return **completed application to the Cromwell Recreation Department, 41 West Street, Cromwell, CT 06416 or by email to recreation@cromwellet.com
cromwellrec.com ~ 860-632-3467**