

Creative Arts at Park
171 Goddard Ave.
Brookline, MA 02445
COUNSELOR APPLICATION 2010

Name: _____ Date: _____

Permanent address: _____

Town, State, Zip: _____ Phone _____

Phone (cell): _____ E-mail: _____

SS#: _____ Date of Birth: m/d/yr _____ (required by law for SORI/CORI)

Sex: M ___ F ___ Marital status: _____ Children: _____

Current Address:(if different) _____

Town, State, Zip: _____ Phone _____

EDUCATION	Years	Degree
-----------	-------	--------

Training pertinent to this position:

Teaching experience pertinent to this position:

Please mark with an "x" any of the following activities which you could organize and teach, or assist with:

- | | |
|---|---|
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Video |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Play an Instrument (instrument _____ # years ____) |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Digital Photography |
| <input type="checkbox"/> Karate | <input type="checkbox"/> Costume design / Sewing |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Scenery Building |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Scenery Painting |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Stage Lighting |
| <input type="checkbox"/> Other sport (indicate) | <input type="checkbox"/> Dance (Indicate style _____) |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Choreography |
| <input type="checkbox"/> Camp Newspaper | <input type="checkbox"/> Clowning/Juggling |
| <input type="checkbox"/> Animation | <input type="checkbox"/> Other (indicate) |
| <input type="checkbox"/> Make-Up Design | <input type="checkbox"/> Voice/Singing |
| <input type="checkbox"/> Sound/Recording | <input type="checkbox"/> Improv Theater |

*Creative Arts at Park
171 Goddard Ave.
Brookline, MA 02445*
COUNSELOR APPLICATION 2010

Name: _____ Date: _____

Any experience working with children? Please describe.

Any experience working with teenagers? Please describe.

Please list any First Aid/CPR/Choke Certificate(s)? _____

Do you hold a Life Saving or Water Safety Certificate? _____

If yes, indicate which and give dates: _____

EMPLOYMENT HISTORY

Are you authorized to work in the United States? Yes ___ No ___
(If accepted for employment, you must provide documentary proof of identity and authorization to work in the U.S. within 72 hours of hire).

Please list all past employment, beginning with your current or last position. You may include verified work performed on a volunteer basis. (Attach additional sheets if necessary or attach resume)

Company Name	Full Address/Phone	Position/Dates	Reason for Leaving
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

COUNSELOR APPLICATION 2010

Name: _____ Date: _____

REFERENCE (Give below the names of three people not related to you whom you have known for at least one year.) Please ask these people to send us written letters of reference.

Note: Your application is not complete until all three references have been received.

Reference Name Name of Business Address/Phone Years Known

1. _____

2. _____

3. _____

CRIMINAL RECORD

In answering the following, you may omit any information or answer "No" with regard to any first convictions for speeding, minor traffic violations, affray or disturbance of the peace.

Have you ever been convicted of a felony? Yes _____ No _____
If yes, give dates and details.

Have you been convicted of a misdemeanor within the last 5 years?
Yes _____ No _____ If yes, give dates and details.

CERTIFICATION (Please read carefully before signing)

I hereby affirm that the information provided on this application (and any resume submitted) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge if discovered at a later date.

I hereby authorize the camp to investigate all information pertinent to my application in order to determine my qualifications for employment. I hereby authorize all persons and organizations having information relevant to my application to provide that information to the Camp and I hereby agree to hold harmless the Camp and all those providing information to it from any liability arising out of or as a result of the provision or use of such information. I understand that any offer of employment may be rescinded if my references are inadequate or unacceptable to the Camp.

Signature: _____