

2011 HARDING TOWNSHIP DAY CAMP COUNSELOR/CIT APPLICATION

NAME _____ SOCIAL SECURITY# _____

STREET ADDRESS _____

TOWN _____ STATE _____ ZIP _____

PHONE# _____ DATE OF BIRTH _____

GRADE ENTERING 2011 _____ e-mail _____

SCHOOL YOU WILL BE ATTENDING IN FALL _____

INDICATE AREAS OF CERTIFICATION AND DATE OF EXPIRATION:

Lifesaving _____ WSI _____ CPR _____

EMT _____ First Aid _____ Red Cross _____

Do you have any areas of interest or special qualifications?

Please write a brief paragraph stating why you would like to work at the Day Camp and what skills or abilities you possess that you would contribute to the Camp. (You may attach a separate sheet if needed).

All CITs and those applying for a Counselor position for the first time, please give the name, address and phone number of two (2) people who will be completing a Recommendation Form. **The recommendation *cannot* be completed by your parent, other relative or family friend.** (teachers, coaches, and church leaders are examples of acceptable references. Parents of children you babysit for are not). Please obtain the form online, and have your references complete the forms and ask that they be returned directly to me by April 15th. You should provide a stamped envelope addressed to me at the address below. **(if this is not completed, your application will not be accepted)**

PREVIOUS EMPLOYMENT EXPERIENCES (Supply name of employer, dates and place- you may include school, volunteer and service organization experiences):

1. _____
2. _____

I will be available to work the weeks of:

Week 1 -June 27-July 1: _____ Week 2- July 5 - July 8 : _____

Week 3- July 11-July 15 _____ Week 4-July 18-July 22: _____

I am interested in applying for a Head Counselor position (must be 16 with 2 years Camp experience) YES / NO

If I am hired as a counselor or attend camp as a CIT, I realize that I will be required to attend a 2 ½ hour mandatory organizational, safety and training meeting in June where we will discuss Camp procedures and regulations to insure the safety and enjoyment of all of our campers and counselors.

Name of Applicant (please print) Signature of Applicant Date

Name of Parent/Guardian (please print) Signature of Parent Date

Please Return to:

**HTRA Day Camp
Attn: Pat Romano
P.O. Box 753, 61 Lee's Hill Road
New Vernon, NJ 07976**

If you have any questions, please call me at 973-326-1775

Parent's e-mail address: _____

The HTRA Day Camp reserves the right to conduct a background and character check which may include character references, criminal and sex offender background checks, personal or telephone interviews , a review of prior employment and a credit check.