

TOWN OF SAUGERTIES

APPLICATION FOR SUMMER DAY CAMP EMPLOYMENT

1. Name: _____ Social Security #: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

Emergency Contact Name and #: _____

Age as of July 1st: _____ Camp T-Shirt Size (men's sizes): _____

2. Employment Options (see job description on back of application)

Check all position(s) applying for

- Program Manager
- Arts & Crafts Director
- Nature Studies Director
- Sports Instruction Director
- Medical Director (LPN, RN, EMT, or Paramedic certification required)
- Floater
- Full time Counselor
- Part time Counselor
- CIT (Counselor in Training) must be in and/or leaving 9th grade and 15-16 years old. (unpaid)

3. Are you available to work for all six weeks of camp (7/6/26 – 8/14/26)?

___ Yes

___ No (please list the dates that you will not be available on the lines below)

- any dates requested after June 1st may not be granted
- You may not be considered for employment if you are requesting more than 2-3 days off

4. Do you have a valid Driver's License? _____ If yes, please complete the following:

Motorist ID. #: _____

Date of Birth: _____ Class: _____ Expiration Date: _____

5. SKILLS: (List any skills and work, which you have performed, that might apply to the position you are seeking)

6. REFERENCES: (List Name, Address, and Phone # of at least 3)

1. _____

2. _____

3. _____

7. List any additional license(s), certification(s), acknowledgment(s), or other(s) (CPR, AED, Aquatics Director, Life Guard) that you currently possess which are also currently active and in effect.

Name of License/Certification	License Number	Granting Agency	Agency Address	Effective Dates

8. **AFFIRMATIONS AND AUTHORIZATION TO RELEASE:**

I affirm that the statements made on this application and any attachments are true under penalties of perjury.

I hereby authorize the Town of Saugerties, or any person acting on their behalf, to investigate and receive information about me related to the verification of my qualifications and eligibility. Further, I authorize any person who receives a request to disclose information related to this application, to release any or all information about me to which such person might have access. I specifically authorize such disclosures and agree to hold harmless all corporations, agents, or persons who request or release such information.

Signature: _____ Date: _____

_____ Check here to indicate that you do not wish your present employer to be contacted at this time.

State any other names you have used in employment or education: _____
