



## *Historic Town of Hyde Park Recreation Commission*

[www.hydeparkny.us](http://www.hydeparkny.us)

4383 Albany Post Road  
Hyde Park, NY 12538

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Telephone (845) 229-8086, ext. 5 Fax (845) 229-6851  
Kathleen Davis- [redirector@hydeparkny.us](mailto:redirector@hydeparkny.us)

### **Job Title:\* Camp Counselor**

**Supervisor:** Camp Director

### **Qualifications:**

- Counselors must be at least 16 years old or older.
- Experience in sports, games, crafts, working with children, childhood education, aquatics, archery and theater
- Counselor-in- training experience with volunteer experience preferred
- Counselor must be in good health and committed to working with children and adults
- Certification in Standard First Aid and CPR recommended. Certification in ARC Babysitting desirable

### **Responsibilities:**

1. Assisting other staff members with planning and carrying out activities with a particular group of children
2. Responsible for promoting good personal relationships
3. Teaches planned activities
4. Constantly alert to protect health and safety of all camper.
5. Attends Pre-camp Training Sessions and all staff meetings
6. Supports Camp Director, Program Director, Swimming Instructors, and Lifeguards in planning and leading all activities
7. Conducts oneself in a professional manner at all times as a representative of the Hyde Park Recreation Department

\*AM Camp Counselor's hours are 7:30 am – 12:30 pm.

PM Camp Counselor's hours are 12:30pm – 6:00pm

Hourly rate can be higher based experience and certifications.

# 2019 Seasonal Employment Application

Notice to Applicants: Federal and state law require that all applicants be considered without regard to race, color, religion, sex, age, national origin or handicap. We believe in and fully support the principle of equal employment opportunity and will fulfill our obligations to the fullest.

### PERSONAL DATA:

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Permanent Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Position applied for:

Check

Day Camp Counselor \_\_\_\_\_

Day Camp Specialty Instructor \_\_\_\_\_

Write in Specialty Area ( arts & crafts, sports, theme, nature)

\*Camp Director (must be at least 21 yrs. of age) \_\_\_\_\_

\*Head Lifeguard/WSI (must have current ARC "Lifeguard Management" certification) (must be 21 yrs. of age) \_\_\_\_\_

\*Lifeguard \_\_\_\_\_

\*Swimming Instructor/WSI \_\_\_\_\_

\*Health Officer \_\_\_\_\_

Camp Registrar \_\_\_\_\_

Intern Instructor \_\_\_\_\_

Parks Maintenance \_\_\_\_\_

**Event Staff** \_\_\_\_\_

### All employees must be available for FULL season.

Are you over 18? YES NO (circle one). If no, hire is subject to minimum legal age verification.

Drivers License Number and State \_\_\_\_\_

Please attach copies of your Driver's License and /or School ID.

**\*CERTIFICATIONS:** (You MUST attach a copy of your current certification card(s) to be considered for the position that you are applying for. Please list date

	Date of cert.
Standard First Aid	_____
Responding to Emergencies	_____
CPR	_____
CPR for the Professional Rescuer	_____
Water Safety Instructor	_____
Lifeguarding _____ Lifeguard Management	_____

Other certifications/qualifications/skills \_\_\_\_\_

EDUCATION:

High School Name \_\_\_\_\_ City \_\_\_\_\_  
Last grade completed (Date) \_\_\_\_\_ Graduated (Date) \_\_\_\_\_  
College Name \_\_\_\_\_ City \_\_\_\_\_  
Last year completed \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT HISTORY: (List in reverse order, present employer first)

1. Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact & Phone # \_\_\_\_\_  
Position/Job Title \_\_\_\_\_ Salary \_\_\_\_\_  
Dates Worked \_\_\_\_\_ Reason Left \_\_\_\_\_

2. Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact & Phone # \_\_\_\_\_  
Position/Job Title \_\_\_\_\_ Salary \_\_\_\_\_  
Dates Worked \_\_\_\_\_ Reason Left \_\_\_\_\_

3. Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact & Phone # \_\_\_\_\_  
Position/Job Title \_\_\_\_\_ Salary \_\_\_\_\_  
Dates Worked \_\_\_\_\_ Reason Left \_\_\_\_\_

REFERENCES: (List 3 references. Name, Address, Phone and/or email address. **Please do not use family members or peers.**)

1. \_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_  
3. \_\_\_\_\_  
\_\_\_\_\_

AFFIRMATION AND AUTHORIZATION TO RELEASE INFORMATION:

I affirm that the statements made on this application are true. Furthermore, I understand and agree that the Town of Hyde Park can and will seek information about me and I specifically authorize disclosure of information and agree to hold all persons harmless for the same.

Signature \_\_\_\_\_ Date \_\_\_\_\_

