

Camp Counselor Questions

Summer Camp 2022

Name: _____

Phone Number: _____

Tell us about your experience with children:

Tell me something you might have changed or done over if you had a "bad" experience:

You have 10 minutes in between activities, how would you keep your camp group busy/entertained:

How would you handle a camper that might not be interested in participating?

Are you available all 5 weeks of camp? (June 27th-July 29th) _____

If not please tell me when you wouldn't be at camp: _____

Are you comfortable swimming with the campers? _____

What age group do you feel you work best with?

What would be some of your favorite things to introduce to your campers?

(For Example: sports, games, crafts)

Camp Runs straight through 9am-3pm There is no "official lunch break" you will eat with your campers; can you handle that?

Please list 3 references;

Name: _____

Number: _____

How you know this person: _____

Name: _____

Number: _____

How you know this person: _____

Name: _____

Number: _____

How you know this person: _____

TOWN OF PLATTEKILL

BACKGROUND CHECK WAIVER

It is the policy of the Town of Plattekill to conduct Criminal Background checks on all potential employees/volunteers. Employment/volunteering for the Town of Plattekill is contingent on the results of such checks.

I, _____ (applicant's first middle and last name printed), authorize the Town of Plattekill to make any investigation of my personal, and/or employment history and authorize any former employer, person, firm, corporation, school, or government agency to give the court records, criminal justice records, educational records and employment records that they have in their possession concerning me.

This authorization to obtain records and information does NOT permit the release of my medical records, medical information contained in my employment or educational records, or information relating to any worker's compensation claims that may have been filed in conjunction with any prior employment.

In consideration of the Town of Plattekill's review of this application, I release the Town and all persons and entities providing information, from any liability whatsoever as a result of furnishing and receiving this information. I also agree that a copy of this release and waiver form is as effective as the original.

I understand that the information that has been provided will be used solely for the purpose of a background check.

Applicants Signature

Date

Applicants Social Security Number

Applicants Date of Birth