



Plattekill Summer Camp New Counselor Application:

YOU NEED 3 REFERENCE-REFERENCE SHEET ON TOWNS' PAGE

Applicant's Name: _____ DOB: _____ Phone #: _____

Grade Completed: _____ School Attended: _____ T-Shirt Size: _____

Physical Address: _____

Do you have any camp experience: _____ If yes, camp name: _____

Experience: _____

Special interests, hobbies or talents: _____

Please answer the following questions completely and carefully. The answers you give will directly affect your acceptance and placement.

1. What is your understanding of the responsibilities of a Camp Counselor?
2. What do respect, caring, honesty, and responsibility mean in your life?
3. Why do you think you'd make a good counselor?

Age Group you would like to work with: _____

Are you available for the entire 5-week program June 30-August 2: _____ not available: _____

BACKGROUND CHECK WAIVER

****This part needs to be filled out entirely****

It is the policy of the Town of Plattekill and the Dept. of Health 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 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 am releasing 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 from is as effective as the original.

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

Applicant's Signature

Date

Social Security Number