

## Plattekill Summer Camp Returning Counselor Application:

Counselor's Name:		DOR:	
Phone #:	E-mail:		T-Shirt Size:
Physical Address:			
	_		program for our community and our for the upcoming year:
Age Group you would lik			
Additional comments you	ı'd like to add:		
Are you available for the er	ntire 5-week program Jur	ne 30-August 2:_	not available:
	<b>BACKGROUN</b>	D CHECK	<u>WAIVER</u>
	**This part need	ls to be filled out en	tirely**
Background checks o		yees/volunteers	of Health to conduct Criminal s. Employment/volunteering for the ults of such checks.
former employer, person, fi justice records, educational This authorization to records, medical information worker's compensation clai In consideration of to persons and entities provide this information. I also agree Understand that the background check.	any investigation of my present corporation, school, records and employment or obtain records and information contained in my employment that may have bene fithe Town of Plattekill's reng information from any see that a copy of this release	personal, and/or e or government ag t records that they ormation does NO byment or educati iled in conjunction eview of this app or liability whatsoes ase and Waiver from the provided will be	aniddle and last name printed), authorize the employment history and authorize any gency to give the court records, criminally have in their possession concerning me. To permit the release of my medical onal records, or information relating to any on with any prior employment. Ilication, I am releasing the Town and all ever as a result of furnishing and receiving om is as effective as the original.
Applicant's Signature		Date	Social Security Number