Name:

TOWN OF MEDFIELD 2023 Camp Counselor Application FOR EMPLOYMENT Park & Recreation Department 124 North Street Medfield, MA 02052



ALL CAMP COUNSELOR APPLICATIONS ARE DUE BY FRIDAY, MARCH 31st To The Pfaff Center or By Email to: jconley@medfield.net

The Medfield Park and Recreation Department is looking for Camp Counselors for the Summer 2023 season! This job would be ideal for a candidate that loves the outdoors, being around children, and likes being part of a team. We are looking for responsible, energetic, outgoing candidates for eight weeks of the summer. We have different age groups for kids to work with. If you are not able to commit to the eight week program, you are more than welcome to apply to be a substitute. We are excited for Summer 2023 and look forward to receiving your applications. All applicants are strongly encouraged to be 16+.

*All counselors must be CPR/First Aid Certified and be able to participate in water activities

*All counselors are expected to work Monday-Friday 8:30 am- 4:15 pm.

INTERVIEW PROCESS

508-359-2715

Each candidate will need to attend an interview. There will be three different dates to choose from. Please check which date would work best for your schedule. Each interview date will consist of a group interview, small group interview, and individual interviews. If none of these dates work for you, please email Jacqui Conley at jconley@medfield.net to set up a Zoom Interview.

Please check off which date you are available to interview on:

1) Wednesday, April 5th 4-6 pm _____ 4) Zoom Interview (email Jacqui)

2) Thursday, April 6th 6-8 pm _____

3) Saturday, April 8th 9-11 am _____

** All camp counselors and camps will adhere to all COVID-19 procedures and protocols.

Camp Dates: June 26th-August 18th (subject to change) PLEASE FILL IN YOUR INFORMATION: (Please Print)

Name:
Home Address:
Home Phone:Cell Phone:
E-mail:
PLEASE CHECK THE AREAS IN WHICH YOU ARE INTERESTED
Adventure Camp - Ages 9-13Discovery : Ages 4-8Substitute
If working with children, I prefer to work with children ages 🛛 4-8 🗂 9-13 🗂 Any age
Have you ever worked for the Medfield Recreation Department? 🗖 Yes 🗖 No
If yes, when? In what capacity?
Are you currently CPR Certified 🗖 Yes 🗇 No
Are you currently First Aid Certified 🗖 Yes 🗇 No
(We will offer courses for certification, if you are unable to attend you will need to be certified on your own before camp starts)
TIME OFF REQUEST: Camp is eight weeks, or 40 days. Are you planning to take time off or leave to go back to school during the time of employment? I Yes I No If yes, what are the dates:
**Applying for Substitute position: What weeks can you work:
Camp Counselors are expected to work Monday-Friday 8:30-4:15 pm
MANDATORY TRAINING DATES

All candidates who are selected for the summer camp counselor position will be required to attend <u>mandatory trainings</u> which will be held on: Thursday, June 7th from 5:30,7:30 pm

Thursday, June 7th from 5:30-7:30 pm Saturday, June 17th from 9am-4 pm Wednesday, June 21st from 9am -1 pm Thursday, June 22nd from 9am-1 pm

EMPLOYMENT HISTORY						
Employer Name	Job Title	Dates of Employment	Supervisor	Reason for Leaving	May we contact this employer (Yes/No)	

EDUCATION

	Name of School	Major	Years Completed	Course Study
High School				
Undergraduate College				
Graduate College				

ACTIVITY INVOLVEMENT- SPORTS, CLUBS, ETC

ACTIVITY NAME	POSITION HELD	YEARS INVOLVED	ACTIVITY LEADER NAME

REFERENCES- PLEASE DO NOT INCLUDE ANY FAMILY

NAME AND ADDRESS	PHONE

RELATED QUESTIONS (Please use back, if needed)

Why are you interested in working at the Medfield Recreation Department this summer? What do you hope to gain?

What are some qualities, assets or characteristics you possess that would make you a favorable candidate for this position?

How would you ensure that you provide a great experience for our participants this summer?

Who is your role model? What qualities do they have to make them someone you look up to?

PERSONAL INFORMATION

The Town of Medfield is subject to certain labor provisions for persons under the age of 18. Are you under age 18? Yes No If yes, please indicate your age: _____

Only US Citizens or other persons who have a legal right to work in the US are eligible for employment. Can you, upon employment, submit documentation verifying your legal identity and legal right to work in the US? □ Yes □ No

An Equal Opportunity/Affirmative Action Employer

The Town of Medfield is an Equal Opportunity Employer. Town of Medfield considers applicants for all positions without discrimination on the basis of race, color, religion, sex, marital status, national origin, age, physical or mental disability, sexual orientation, ancestry, veteran status or any other class protected by federal, state, or local law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by local, state or federal law.

SIGNATURE OF APPLICANT

CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING

- I understand the acceptance of this application by the Town of Medfield does not imply that I will be employed.
- The information that I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or in any other materials or as provided during interviews, can be justification for refusal of employment or can be justification for termination from employment, if employed.
- I understand that any offer of employment that I receive from the Town of Medfield is contingent upon my successful completion of pre-employment screening process including but not limited to the Town of Medfield receiving satisfactory references, a satisfactory criminal history and criminal Offense Record Inquiry if required, satisfactory verification of driver's license or certifications where required and satisfactory completion of any required post-offer pre-employment drug test or physical examination.
- In processing my application for employment, the Town of Medfield may verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics.
- I authorize the Town to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.
- I hereby release the Town, my present and former employers and all individuals contacted for factual information about me from any liability for damages arising from furnishing the requested information.
- If employed by the Town of Medfield, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to undergo a physical examination, that I may be subject to drug/and or alcohol testing, that the Town may request a Criminal Offense Record Inquiry (CORI check) on me, investigate my driving record, or verify my license(s) or certification(s) as required for employment at any time during my employment. I hereby authorize the Town to conduct a CORI check on me as a condition of applying for a position with the Town, where applicable, and agree to sign a CORI Request Form reflecting my authorization of the CORI check. I further release the Town and its agents from any and all potential claims associated with the Town's performing a CORI check on me in connection with my application for a position with the Town. As a condition of employment an employee may be required to provide additional or updated information especially if this employee has been on workers comp and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.
- I understand the Town of Medfield is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.

My signature certifies that I have read and agree with the above statements and all statements contained in this application for employment.

Applicant's Name (please print)_____

Applicant's Signature _____

Date:

If under 18 years of age, Parental/Guardian signature______