Town of Chester
Parks and Recreation
1786 Kings Highway
Chester, NY 10918
(845) 469-7000 ext. 8

Summer Camp Counselor Application

Full Name _____ Birth Date _____/_____/_____

Address _____

Home Phone _____ Cell phone _____

Work experience (list most recent first):

1. _____ Dates: _____
2. _____ Dates: _____
3. _____ Dates: _____

Do you have any experience working with children? _____ Y _____N
If yes, please list _____

_____

Have you worked for Town of Chester Summer Camp in past years as a:
____CIT ____ Counselor What years? _____

Work/Personal References:

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

Interests/Skills/Hobbies: _____

_____

Which age group do you feel you would work best with? _____

Do you have any First Aid/CPR or other certifications/degrees? _____ Y _____N
If yes, please list _____

_____

Signature: _____ Date: _____

Please return your completed application to the above address by **May 1. If you are hired, additional paperwork will be required. We would also need a copy of your social security card, driver's license, and working papers** (if applicable). If you have any questions, please call 469-7000. Thank you for your interest in working for our camp.