

CAPE ELIZABETH, MAINE

Summer Camp Employment Application 2024

Description: Summer day camp serving children ages 3 - 8th grade offered by Cape Elizabeth Community Services. **No camp on July 4th & 5th. Mandatory Training June 18th, 20th and 21th.**

Nam	e:
Addr	ess:
City,	State, Zip:
Hom	e Phone: Cell Phone:
E-Ma	ail Address:
High	est Grade Completed: High School College Graduation Year
Nam	e of High School/College:
(polying for: ☐ Counselor (Minimum age 18 and high school graduate) ☐ Junior Counselor (Minimum age 16, 15 with a workers permit) ck which camp you would like to work with:
Little Co	ubs Ages 3 - K Dates: June 24th - August 9th, 8:15 am to 3:00 pm (work hours) riday
Monday - Fi	Camp Grades 1 - 6 Dates: June 24th - August 9th, 8:15 am to 3:15 pm (work hours) riday des 1 & 2 Grades 3 & 4 Grades 5 & 6
_	ttreme Grades 7 & 8 Dates: June 25th - August 8th, 8:15 am to 3:15 pm (work hours) Tuesday, and Thursday
One-on	One Assist campers requiring one-one-on-one attention
	cialty Week Dates: August 12-16, Field Trip Fun Week. 8:15 am to 3:15 pm (work hours)

Before Camp Care 7:00 am - 8:30 am	Interested in Working Additional H	ours?	
campus facility, program and pool policies, procedures and regulations. Serve as liaison between parents and campers, as well as between parents and Director. Recognize and respond effectively to emergencies. Requirements: Good moral character, leadership skills, patience and a high level of energy and maturity. Some expertise and experience in the activities you'll instruct, enjoy being outside. References/Recommendations 1. Please submit at least one letter of recommendation with an application. (First time applicants only). 2. Please list two personal references who would attest to your strength of character, attitude, integrity, and personality (please refrain from using relatives and the above recommendation letter). Name Relationship Contact Info/Phone No. Employment Dates 4. Please share any specific abilities, experiences, and/or interests you may have in Sports, Outdoor Activities, Arts and Crafts, Performing Arts, Computers, Academics, Hobbies, and/or any others that you may	<u> </u>		
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	Activities, Arts and Crafts, Performing	•	• •
		of any certifications you presently ho	

Applicant Name:
Applicant Requirements:
*Note: Conviction of a crime is not an automatic bar to employment by the Community Services. Any falsification of information or misleading information on this application shall be grounds to refuse to employ or, having been employed, shall be immediate cause for dismissal/discharge.
Have you ever been disciplined, discharged, or asked to resign from a prior position? Yes, No If yes, please explain the circumstances on a separate sheet and attach it to this application.
Have you ever been charged with, pleaded guilty, or "no contest" to, or been convicted of any crime involving sexual abuse of any person or any other crime of moral turpitude? Yes, No
Have you (a) ever been convicted of a crime, other than a minor traffic offense; or (b) ever entered a plea of guilty or a plea of "no contest", or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation? Yes, No
If you have answered yes to any one of the previous questions, please explain, in detail, including the date of the court action, the offense in question, and the address of the court involved:
Are you able to perform the tasks of the job for which you are applying, with or without accommodations? Yes? No? If an accommodation would be required to enable you to perform the job tasks, please describe that accommodation and how it would enable you to perform the job tasks:
My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local, or federal agency. I further authorize those persons, agencies, or entities that Community Services contact in connection with my employment application to fully provide Community Services with any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have Community Services, its agents and officials, or against any provider of such information.
Signature Date
Office Use Only: W-4 Federal W-4ME I-9 Emergency Contact Sheet CPR & 1st Aid