



Castle Shannon Borough

Summer Recreation

2024 Counselor Application Form

June 24th-August 2nd

Community Service _____ or Paid Position _____
(Requires previous Community Service hours)

Name: _____ Gender: M____ or F____
Address: _____ Phone: _____
E-Mail: _____ Date of Birth: _____
Social Security Number: _____

High School: _____
List participation in clubs, extracurricular activities, etc.: _____
Specialist Training (explain): _____

PREVIOUS WORK WITH CHILDREN AND/OR WORK IN AREA OF SPECIALTY

Position: _____ Dates: _____
Responsibilities: _____

CAMPS ATTENDED AS A CAMPER/COUNSELOR

Camp: _____ Location: _____ Dates: _____
Camp: _____ Location: _____ Dates: _____

REFERENCES

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____



Have you ever been convicted of a crime? Yes _____ No _____

If yes, explain: _____

Have you ever been accused of any form of child abuse: Yes _____ No _____

The facts set forth in this application are true and complete to the best of my knowledge. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal.

I authorize investigation of all statements and information contained on this application. I further authorize any and all references listed on this application to release all information concerning my previous employment or any pertinent information they may have.

I understand and agree that if hired my employment is no definite period and may be terminated at any time without prior notice and without cause.

Signature of applicant: _____

Date: _____

Return to: Loretta Miller
Castle Shannon Borough
3310 McRoberts Road
Castle Shannon, PA 15234