TOWN OF ONONDAGA PARKS & RECREATION

4834 Velasko Road Syracuse, NY 13215 (315) 469-3464 - Fax: (315) 469-2816 recreation@townofonondaga.gov

SUMMER DAY CAMP NEW EMPLOYMENT APPLICATION

Please complete this form and submit it to the recreation park office no later than MAY 2nd, 2025.

Interviews will be conducted mid-April through mid-May. Offers of employment will be mailed no later than May 28th and need to be accepted or declined by June 6th, 2025. If you have any questions, please call the Recreation Office at 315-469-3464.

Name:	
Phone #:	Email:
Address:	
CHECK YOUR SITE OF CHOICE:	
Wheeler (S. Onondaga)	Kinder-kids program (ages 3-5) (OHMS
Santaro Park (Onondaga Hill)	No preference
POSITIONS INTERESTED IN:	
Site Supervisor	Day Camp Counselor
Activity Leader (Sports & Games)	Kinderkids Counselor
Activity Leader (Arts & Crafts)	CIT (15 & 16 yrs. Old) – Non-Paid
Activity Leader (Bits & Pieces)	Jr. CIT (14 yrs. Old) – Non-Paid

- Staff training will be held in person, June 26 & 27. Staff training is MANDATORY.
- Summer Day Camps run Monday Friday, July 1st August 8th, 9:30 3:00 PM (NO program on 7/4).

We require staff to be available to work every day of training and the program. Please list any conflicts with the above dates, including reason for conflict.

EDUCATION				Check one	
High School:		Grade	Completed:	9 10 11 12	
			Completed:	Fr So Jr Sr	
Major:		Degree:			
	/ITIES				
Activity:	ivity: # of years involved:				
Activity:					
merits in relation to the posi- Yes No Hav Yes No Hav	elow represents an automatic ition you are applying. Give sp ve you ever been dismissed ve you ever been convicted	ecifics to any question answe from any employment due of a crime, other than a mi	red "Yes" in th to disciplina nor traffic or	e space provided. ry reasons?	
Employer:	ase indicate with check if en	Dates Worked			
Employer Address:	Street	City	Zip		
Supervisor's Name:					
E-mail Address:	Phone:				
Work Performed:				Volunteer	
Reason for Leaving:					

REFERENCES

Give the names, addresses, and phone #s of two persons (not relatives) having knowledge of your character, experience, work habits, and abilities.

Name:	Relationship:
	Phone:
Name:	Relationship:
E-mail Address:	Phone:
Please list any clubs, hobbies, special interests,	volunteer experiences, and experience working with children.

Describe at least three of your strongest skills that would contribute to our day camp program.

1)	
2)	
3)	
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ALL STATEMENTS ARE SUBJECT TO VERIFICATION

I affirm that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification, including a background check, and that material misstatement or fraud may disqualify me from appointment. I understand that a drug screening may be required prior to or during employment.

Applicant's Signature: _____ Date: _____

Thank you for your interest in working for the Town of Onondaga Parks and Recreation Department. Please submit this application to our office at 4834 Velasko Road Syracuse NY 13215 <u>no later than May 2nd, 2025.</u>