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 yrs. Old) – Non-Paid
Activity Leader (Bits & Pieces)	Jr. CIT (14 yrs. Old) – Non-Paid
Summer Day Camps run Monday – Frie	ne 26 & 27. Staff training is MANDATORY. day, July 1 st - August 8 th , 9:30 – 3:00 PM (NO program on 7/4). day of training and the program. Please list any conflicts with the

EDUCATION			Check one			
High School:		Grade Completed:	9	10	11	12
College:		Year Completed:	Fr	So	Jr	Sr
Major:	Degree: _					
EXTRACURRICULAR ACTIVITIES						
ctivity: # of years inv				volved:		
Activity:		# of years involved:				
Activity:	-	# of years involved:				
ACADEMIC ACCOLADES						
CRIMINAL RECORD						
None of the circumstances below represents of merits in relation to the position you are apply Yes No Have you ever been		on answered "Yes" in the	e space	e pro	vided	1.
		·				7
Yes No Have you ever beer	n convicted of a crime, other the	nan a minor traffic or	parkir	ig vid	oiatio	on?
If YES, please explain:						
WORK EXPERIENCE – Please indicate with	check if employment was vol	unteer work.				
Employer: Dates Worked:						
Employer Address:						
Supervisor's Name:	• • • • • • • • • • • • • • • • • • • •	Zip				
E-mail Address:						
Work Performed:				_	olunt	
Reason for Leaving:						

REFERENCES

Name:	Relationship:
E-mail Address:	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)	
ALL STATEMEN	TS ARE SUBJECT TO VERIFICATION
statements made by me in connection with this ap background check, and that material misstatemen	on (including any attached papers) are true. I understand that all oplication are subject to investigation and verification, including a t or fraud may disqualify me from appointment. I understand that a
drug screening may be required prior to or during	employment.

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 no later than May 2nd, 2025.