

**Mountain Lakes Recreation: Where the fun never ends...
400 Boulevard, Mountain Lakes, NJ 07046**

*****Please have application to Borough office by April 2, 2010*****

EMPLOYMENT APPLICATION: Supervisor for Summer Recreation Camp 2010

Name: _____

Address: _____

Phone Number:* _____ E-mail* _____

* Please give the phone number (cell or home) and E-mail where it is easiest to reach you and please print clearly.

Summer Camp runs for six weeks, from June 28 through August 6. 9:00 AM – NOON

Are there any dates you will NOT be available? _____

Can you be available prior to camp for planning and training? _____

List any certifications/licenses held that have association to camp employment (first aid, CPR etc):

Do you have any condition that might limit your ability to watch over children? If yes, please explain.

Please describe your personal experiences and qualifications that correlate to camp employment. _____

What do you think are the most important characteristics to being an excellent and effective staff member? _____

What contributions do you think you can make to the camp, the children and to the leadership of teen counselors? _____

Education/Employment: Please submit simple resume listing education and employment background with dates.

REFERENCES; please give three references that have knowledge of your abilities, experience and character.

Name/Title	Phone/E-mail	Relationship

If you have any questions, please contact Celia Flynn, cflynn@mtnlakes.org or 973-334-3131 ext 218