

Mt. Gilead Summer Park Program Application for Employment

Personal Information

Full Name: _____

Address: _____ Telephone: _____

City: _____ State _____ Zip _____

Social Security Number _____ Birth Date _____

Parent/Guardian _____

Telephone number in case of emergency: _____

Education

High School/College _____ 1 _____ 2 _____ 3 _____ 4
Circle last year completed

List High School/College Scholastic Honors, Offices Held, and Extracurricular Activities

General Information

Circle the word that best describes your swimming ability: non-swimmer beginner average expert

Describe why you are interested in working in the summer Park Program.

Have you completed the Red Cross Senior Lifesaving Course? _____ When? _____

Would you be willing to take the Red Cross Course? _____

Can you work all summer? _____ If not, Why? _____

Would you be willing to work weekends and nights? _____

If employed by the Mt. Gilead Summer Park Program/Pool, I will agree to comply with all rules and regulations set forth by the Mt. Gilead Parks and recreation Committee (by signing rules and consequences paper). The Park Program/Pool will run from the beginning of June until school starts. Then the pool will be open on some weekends until Labor Day.

Signature of applicant

date