

Town of Scituate

RECREATION COMMISSION
FRIENDS OF SCITUATE RECREATION, INC.

600 CHIEF JUSTICE CUSHING HWY.
SCITUATE, MASSACHUSETTS 02066
TEL: (781) 545-8738
FAX: (781) 545-6990



Scituate Recreation Department
Temporary Job Application: **ALL STAR SUMMER CAMP**
Summer 2010

Today's Date: _____

Name: _____

Position of Employment: _____

Social Security Number: _____

Permanent Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

College Address: _____

College Phone Number: _____

Date of Birth: ____/____/____ Age as of June 1, 2010: _____

Education Qualifications:

Level of Study	Degree	Date Granted	Dates Attended	Institution
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Graduate: _____

Bachelor's _____

Associate's _____

High School: _____

Recreation Instructor/ Supervisor Experience (please be specific):

Certifications/Awards/Hobbies (Interests):

References, please include name, phone number and your relationship. Please list three.

Date available to start: _____

T-shirt size (please circle): small medium large x-large xx-large

Sweat shirt size (please circle): small medium large x-large xx-large

PLEASE FILL OUT BOTH SIDES

Please take a moment to share with the Recreation the following:

Why you want to work with us this summer?

Which programs are you interested in working for and why?

What qualities do you have that you feel will be an asset to the Recreation Department?

Any additional comments:

PLEASE FILL OUT BOTH SIDES

