



Cromwell Recreation Department
2024 Summer Camp Counselor Application

Position Applying for: _____

Please Print Name: _____ Phone Number: _____

Address: _____

Email: _____ Are you at least 16 years of Age _____

Age Preference to work with _____

Education:

(High School) _____ (Grade Level) _____

(College) _____ (Years Completed/ Degree) _____

Certifications:

Clubs or Program involved with (in or out of school);

Club Name Position Held Grade in Club Supervisor

Employment History (Two Most Recent):

Name and Address Dates Position Held Reason for Leaving

List 3 References (Not Related to You):

Name: Address: Phone: Business:

Return completed application to the Cromwell Recreation Department, 41 West Street, Cromwell, CT 06416 or by email to recreation@cromwellct.com cromwellrec.com ~ 860-632-3467