

# ROLLINSFORD RECREATION STAFF APPLICATION

Rollinsford Recreation  
P.O. Box 309  
667 Main Street  
Rollinsford, NH 03869  
recreationcommittee@rollinsford.nh.us

**PLEASE COMPLETE APPLICATION IN PEN AND RETURN TO ABOVE ADDRESS**

**Position applying for:** *Camp Rolly Director / Camp Rolly Assistant Director / Camp Counselor / Teen Camp Director*

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Parent(s) Names: *(if under 18)* \_\_\_\_\_

**Current Address:** \_\_\_\_\_

Mailing Address: *(if different than current)* \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Schedule you are seeking/Days off you will need? \_\_\_\_\_

Please specify the activities that interest you: \_\_\_\_\_

## EDUCATION:

YEARS	SCHOOL	MAJOR SUBJECTS	DEGREE/DIPLOMA

## PAST EMPLOYMENT:

DATES	EMPLOYER	ADDRESS/PHONE	POSITION/DUTIES	REASON FOR LEAVING

## APPLICABLE EXPERIENCE: List applicable experiences outside of employment that you think would help us evaluate your application

DATES	ORGANIZATION/ADDRESS	POSITION	DUTIES

**Have you ever been charged with, arrested for or convicted of a violation of federal, state or local law?** \_\_\_\_\_

If **yes**, please describe circumstances including disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION INFORMATION:** *Please list expirations of certifications that you hold*

Adult/Child CPR: \_\_\_\_\_ Infant CPR: \_\_\_\_\_ First Aid: \_\_\_\_\_ AED: \_\_\_\_\_

Am. Red Cross Life Guard: \_\_\_\_\_ Waterfront: \_\_\_\_\_ WSI: \_\_\_\_\_

**COURSES:** List any courses taken that would be relevant to this position: \_\_\_\_\_

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**WHY ARE YOU INTERESTED IN WORKING FOR THE ROLLINSFORD REC DEPARTMENT?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**WHAT QUALITIES DO YOU POSSESS THAT WOULD QUALIFY YOU TO WORK FOR THE REC?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**WHAT TALENTS AND/OR INTERESTS DO YOU HAVE THAT APPLY TO THIS POSITION?**

- |                       |                             |                          |                        |
|-----------------------|-----------------------------|--------------------------|------------------------|
| ____ Health/Fitness   | ____ Singing                | ____ Baseball            | ____ Volleyball        |
| ____ Arts & Crafts    | ____ Woodworking            | ____ Basketball          | ____ Water play/sports |
| ____ Cooking          | ____ Rocks & Minerals       | ____ Canoeing            | ____ Other: _____      |
| ____ Dance            | ____ Astronomy              | ____ Fishing             | _____                  |
| ____ Drama            | ____ First Aid/Lifesaving   | ____ Hiking/Orienteering | _____                  |
| ____ Painting/Drawing | ____ Nature Study/Wild Life | ____ Kayaking/Canoeing   | _____                  |
| ____ Photography      | ____ Ropes Course           | ____ Soccer              | _____                  |
| ____ Pottery          | ____ Knot tying             | ____ Softball            | _____                  |
| ____ Puppet Theater   | ____ Board games            | ____ Playground Games    | _____                  |

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**REFERENCES:** *List three people other than your family who best know your qualifications for this position.*

NAME	ADDRESS	PHONE

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**AUTHORIZATION OF RELEASE OF INFORMATION FOR A BACKGROUND CHECK**

I, \_\_\_\_\_, an applicant for employment with the Town of Rollinsford, hereby authorize education institutions, companies, corporations, persons, city/town, county state and federal law enforcement agencies to release information to the Town of Rollinsford Recreation Department for purposes of a background investigation. All information relative to my employment or association with said named entities is to be forwarded to the Town of Rollinsford Recreation Department at their request.

*Further more, I hereby certify that all statements made in this application are true and complete. I also understand that untrue, misleading or omitted information, provided herein, may result in dismissal, regardless of the time of the discovery by the Town of Rollinsford.*

***A copy of your driver's license with your application is necessary to complete your background check.***

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_