

2023 MONTVALE RECREATION SUMMER CAMP **RETURNING COUNSELOR APPLICATION**

RETURN BEFORE MARCH 1 BY MAILING OR EMAILING TO:

Montvale Borough Hall, Attn: Recreation Department, 12 DePiero Drive, Montvale, NJ 07645

Email: MontvaleRecreation@montvaleboro.org

**APPLICANTS MUST BE AVAILABLE DURING THE
BELOW CAMP DATES AND COUNSELOR TRAINING:**

Monday-Friday June 26 - July 21 (Off July 3 & 4)

Summer Camp Counselor Hours

9:00am-2:45pm

Adventure Camp Counselor Hours

8:30am-2:45pm

Mandatory Counselor Training: June 23 12:00-4:00pm

Please make sure that your email and phone number are **neatly** written on the application. As a returning counselor, a camp director may contact you should they have questions or if they would like to setup an interview prior to employment.

Summer Camp Directors

Mrs. Loranger



Mr. Kevin



Mr. LoPresti



Mrs. LoPresti



Adventure Camp Directors

Mrs. Carlisle

Mrs. Daniel



APPLICANTS MUST FULLY COMPLETE THE BELOW APPLICATION THEMSELVES. APPLICATIONS THAT ARE FILLED OUT BY ANYONE OTHER THAN THE APPLICANT WILL NOT BE CONSIDERED.

Please feel free to keep this informational page and return the rest of the packet

RETURNING COUNSELOR APPLICATION-18 YEARS OF AGE OR OLDER

Name: _____ Date: _____

Email: _____ Birthdate: _____
(month/day/year)

Address: _____
(House Number and Street) (Town) (State, Zip)

Cellphone Number: _____ Age (as of June 23): _____

Emergency Contact #1 Name: _____

Phone Number: _____

Relationship: _____

Emergency Contact #2 Name: _____

Phone Number: _____

Relationship: _____

Counselor Position in 2022: Head Counselor Assistant Counselor Counselor-in-Training

Position applying for in 2023 (Mark each position that you would be interested in):

Returning Head Counselor 1st Year Head Counselor Returning Assistant Counselor

1st Year Assistant Counselor Counselor-in-Training

Will you be able to work Monday-Friday 6/26/23-7/21/23 (Off July 3 & 4) and attend the mandatory training on 6/23/23?

YES NO

Which age group do you prefer to work with? (Rank 1-4 with 1 being your first preference)

1st-2nd Graders

5th Graders

3rd-4th Graders

6th-7th Graders (Adventure Camp)

Education

School	Grade (completing in June)

Camp or Related Experience & Other Employment (list most recent employment first)

Date	Camp or Company	Duration	Experience

References (Do not list relatives or those listed on this application)

Name	Phone	Relationship

Certifications

Type	Organization	Exp. Date

IMPORTANT

I (applicant) certify that the information in this application is correct and completed only by the applicant themselves. By signing the below, I also acknowledge that I will adhere to/implement all camp standards and procedures to the best of my ability for the duration of my involvement in camp.

Signature of Applicant _____

Date _____