

Parks and Playgrounds Counselor Application

Name:

Age:

Street Address:

Phone:

City/Town:

Zip Code:

High School

List Extra Curricular Activities/Community Involvement

List Previous/Current Employment

Please describe your experience with children.

How will the Parks & Playgrounds program benefit if you are a counselor?

Please list the name and phone number of one personal reference.

Are you First Aid/CPR certified?

Signature: _____

Date: _____

