



ARIC T. GORTON  
Superintendent

## TOWN OF ORANGETOWN

*Office of Recreation & Parks*

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[www.orangetown.com/departments/parksrec](http://www.orangetown.com/departments/parksrec)



March 1, 2017

Dear Junior Counselor Applicant:

Thank you for your interest in serving the residents of Orangetown. The Orangetown Parks and Recreation Department services the 50,000 residents of Orangetown through many varied and popular programs and is looking for energetic and responsible individuals to continue educating and serving our residents.

The attached application must be filled out by the junior counselor candidate and not a parent or guardian. Due to a limited number of positions in each day camp session, not all applicants will be accepted. Applications should have some experience with childcare whether through babysitting or volunteer work. If accepted, no candidate will receive more than one session. The registration fee will be due upon the receipt of an assignment letter.

Lastly, attached to the application must be one letter of recommendation from members of your community. These references can be from religious, educational, service group advisors or former employers and must be on organizational letterhead and must include address and phone number. Members of your family are not appropriate references.

Once you have met the application process requirements, please return the application to this office no later than June 1, 2017.

Thank you for your interest in our recreation program!

Sincerely,

Mark W. Albert  
Senior Recreation Leader

**ORANGETOWN DAY CAMP  
JUNIOR COUNSELOR PROGRAM  
SUMMER APPLICATION**

NAME: \_\_\_\_\_  
last first initial

ADDRESS: \_\_\_\_\_  
street city state/zip

TELEPHONE: ( ) \_\_\_\_\_ 1<sup>st</sup> SESSION CHOICE: \_\_\_\_\_

2<sup>ND</sup> SESSION CHOICE: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE: \_\_\_\_\_ E-Mail \_\_\_\_\_

Have you attended any of our programs: Yes: \_\_\_\_ No: \_\_\_\_ If yes, please list \_\_\_\_\_

\_\_\_\_\_

Please list your hobbies, interests, school clubs or organizations \_\_\_\_\_

\_\_\_\_\_

What personality traits do you hold that will be helpful should you be assigned as a junior counselor \_\_\_\_\_

\_\_\_\_\_

Do you have any previous history working with children: \_\_\_\_\_

\_\_\_\_\_

What do you believe is the most important job of a junior counselor? \_\_\_\_\_

\_\_\_\_\_

Briefly explain why being a junior counselor is important to you: \_\_\_\_\_

\_\_\_\_\_

You just won junior counselor of the year voted by your peers and supervisors, why?

\_\_\_\_\_

\_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION IS DUE NO LATER THAN JUNE 1, 2017**