



## Town of Dover Recreation

6420 Route 55, Wingdale, NY 12594

845-832-9168 - Office Phone

845-832-3286 - Fax

[Recreation@doverny.us](mailto:Recreation@doverny.us)

<http://www.doverrecreation.com>

*Dover Recreation provides equal opportunities to employees and applicants without regard to race, color, religion, sex, national origin, age, disability, or veteran status.*

## 2024 Summer Recreation Position Information

Day Camp - July 1st - August 9th - 8:30 AM - 4:00 PM (NO Camp July 4th)

### Steps to apply:

1. Complete and return to the Recreation Office via email, fax, snail mail or delivering it in person to the office.

\*Dutchess County Application

\*Recreation Department Application Supplement

2. Complete the box on the 3 Reference Forms and then distribute as directed.

### REQUIREMENTS: We are looking for applications who...

- **Exhibit flexibility:** amid the changing and evolving COVID-19 guidelines staff must be willing and able to change expectations, schedules, tasks and responsibilities as the season progresses and new information, guidelines, and regulations may be put in place
- Will make a **commitment to work the whole summer**
- Are willing and available to join mandatory trainings in May and June
- Regularly check their email for correspondence from the Recreation Department
- Have limited phone use
- Demonstrate an excellent work ethic that can be verified by 3 written references from teaches, advisors, club leaders, supervisors, coaches (not friends or relatives)
- **Accurately LIST all the dates this summer that they cannot be available**
- Stamina to work in the outdoors during the summer months wearing a mask
- Demonstrate independence and personal initiative as demonstrated by completing his/her own application and makes his/her own phone calls and appointments (not the parent of the applicant)
- Have a positive experience working with the public, especially with children
- Have leadership experience
- Have positive volunteer experience

# Dutchess County Summer Camp Application

**Title of Position:** \_\_\_\_\_

**Municipality:** \_\_\_\_\_

For Dutchess County HR Use Only

Approved \_\_\_\_\_  
 Conditional \_\_\_\_\_  
 Disapproved \_\_\_\_\_

1. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. Last Name, First Name, Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

3. If you are under 18 years of age, can you provide proof of eligibility to work? Yes  No

4. If the position you are applying for has minimum or maximum age limits (see job description), please enter your date of birth:

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

5. Are you currently a U.S. citizen? Yes  No   
 If "No", please give alien registration number: \_\_\_\_\_

**6. CERTIFICATIONS/LICENSES: (\*Attach a copy of your certification/license to this application.)**

Title/Issuing Authority	License #	Original Date of Issue	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

Do you possess a valid license to operate a motor vehicle in New York? Yes  (Class \_\_\_\_\_) No

**7. EDUCATION:**

High School: Do you possess a high school or equivalency diploma? Yes  No  If no, last grade completed: \_\_\_\_\_  
 Name of High School \_\_\_\_\_

College:	Name/Location	Dates Attended	Major	# of Credits	Degree Earned
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**8. WORK EXPERIENCE: (Attach additional sheets if necessary.)**

Name of Employer/Address \_\_\_\_\_ Title \_\_\_\_\_  
 Dates of Employment (From Mo/Yr) \_\_\_\_\_ (To Mo/Yr) \_\_\_\_\_ # of hours/wk \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_

Name of Employer/Address \_\_\_\_\_ Title \_\_\_\_\_  
 Dates of Employment (From Mo/Yr) \_\_\_\_\_ (To Mo/Yr) \_\_\_\_\_ # of hours/wk \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_

**Affirmation and Authorization to Investigate and Release**

The undersigned applicant hereby affirms that the statements made on this application and any attached papers or documents are true under the penalties of disqualification and perjury.

The undersigned applicant hereby authorizes the Department of Human Resources of the County of Dutchess or its agents to investigate matters necessary for the verification of the qualifications of the applicant. Such authorization shall include the right to examine any and all records, files, histories or other information relating to the applicant in the possession of any federal, state or municipal authority, corporation, agent or person. Furthermore, such investigation may include a criminal background investigation, which would require a fingerprint check, to determine overall suitability for employment. Failure to meet standards for the background investigation may result in disqualification. The applicant voluntarily releases from liability all persons or entities supplying or collecting such information.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date



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**Please fill out all question and hand them in with your application.**

**1. Why do you want to work at Dover Day Camp?**

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**2. What kind of experience do you have working with children?**

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**3. Dover Day Camp does not have an indoor facility. If it were to rain, what types of activities would you do with your group?**

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**4. What age group do you think you would work best with?**

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**5. What kind of support/training do you think you'll need from senior staff?**

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**6. What do you expect working at Dover Day Camp will be like?**

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**7. Which of the following behaviors do you think are inappropriate for counselors during camp hours? (Circle all that apply)**

- a. Swearing**
- b. Talking about alcohol**
- c. Wearing a tank top**
- d. Wearing a bikini**
- e. Sharing your interests with campers**
- f. Smoking/vaping**
- g. Talking about books you've read with campers**
- h. Asking campers about their day**
- i. Using your phone**
- j. Wearing a watch**
- k. Sharing stories about underage drinking**



8. List 3 non-relatives and non-peers who can attest to your character, work ethic and ability to do the type of work you are applying to perform and then distribute your references to those individuals.

**Reference 1:**

_____	_____	_____		
Printed Last Name	Printed First Name	Position/Title		
_____	_____	_____		
Cell phone	Work phone	E-mail address		
_____	_____	_____	_____	_____
Street address	Town	State	Zip	

**Reference 2:**

_____	_____	_____		
Printed Last Name	Printed First Name	Position/Title		
_____	_____	_____		
Cell phone	Work phone	E-mail address		
_____	_____	_____	_____	_____
Street address	Town	State	Zip	

**Reference 3:**

_____	_____	_____		
Printed Last Name	Printed First Name	Position/Title		
_____	_____	_____		
Cell phone	Work phone	mail address		
_____	_____	_____	_____	_____
Street address	Town	State	Zip	

**9. By signing below:**

- I certify that the statements made on submitted materials are true and correct to the best of my knowledge.
- I understand that any misinformation, falsification or failure to disclose pertinent information will result in the termination of my services.
- I authorize all present or prior employers, educational institutions and the individuals listed by me, to release to Dover Recreation, any information relevant to my application, including information about my employment record, and hereby release them from liability and responsibility for doing so.
- I understand that Dover Recreation reserves the right to conduct a criminal background check.
- I understand that any offer of employment is contingent upon:
  - o My supplying documentation to substantiate my identity and employment eligibility sufficient to complete the I-9 Form required by the Federal Immigration and Control Reform Act of 1986

_____	_____
Applicant Signature	Date

For minors, a Parent/guardian signature indicates agreement with all of the above:

_____	_____
Parent/Guardian Printed Name	Parent/Guardian Signature



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## Request for References

**APPLICANTS: Complete this box before distributing**

I, \_\_\_\_\_ am applying to be a \_\_\_\_\_

Applicant's Name PRINTED

List position applying for

at the Town of Dover Recreation Department. I request that \_\_\_\_\_

Complete this form as a reference for this position/s.

\_\_\_\_\_ I have retained my right of access to this reference

\_\_\_\_\_ I have waived my right of access to this reference

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

The person named below has given your name as a reference in applying for a position in the Town of Dover Recreation Department. We appreciate your evaluating as carefully as possible the applicant. Your prompt attention will be most appreciated. You can email, fax, or mail the reference directly to the Recreation Department!

1. How long and in what capacity have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

2. If applicant worked for you, would you rehire and why? \_\_\_\_\_

\_\_\_\_\_

3. The Parks are drug, alcohol and smoke free facilities. How would the applicant fit in in such an environment?

\_\_\_\_\_

4. In this time of COVID-19, with regulations and guidelines constantly changing, we are looking for staff that can be flexible and adapt to any changes we might have to make midstream. Please speak to the applicant's ability to adjust cheerfully to unplanned for changes.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Speak to the applicant's ability to get along with:

Children: \_\_\_\_\_

Peers: \_\_\_\_\_

Adults: \_\_\_\_\_

Persons of other races, nationalities and religions: \_\_\_\_\_

6. Summer rec jobs require staff to be outside all day. Please speak to your knowledge of this applicant's ability to work outdoors in the summer heat: \_\_\_\_\_

7. How does the applicant respond to constructive criticism? \_\_\_\_\_

8. How would you rate the applicant's outlook on life: \_\_\_ Very positive/exuberant \_\_\_ Positive \_\_\_ Negative  
 \_\_\_ neither positive or negative

9. How would you rate the applicant as a role model to children? \_\_\_ Exceptional \_\_\_ Neutral \_\_\_ Negative

10. Indicate your judgement of the applicant in the qualities below:

	Outstanding	Acceptable	Room for Improvement	Comments
Courteousness				
Friendliness				
Work ethic				
Respectfulness				
Communication skills				
Self-starter				
Creativity				
Responsibility				
Team player				
Common sense				
Maturity				
Integrity				
Loyalty				
Promptness				

11. Please make any additional comments you think might be helpful: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. About you:

Printed Last Name \_\_\_\_\_ Printed First Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_ E-mail address \_\_\_\_\_  
 Street address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

XXXXXXXXXXXXXXXXXXXXXXXXX OFFICE USE ONLY XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Reference Verified \_\_\_\_\_ Date \_\_\_\_\_ Supervisor \_\_\_\_\_ Comments: \_\_\_\_\_