

Leader In Training / Counselor In Training



Haverhill YMCA Summer Camps
81 Winter Street
Haverhill, MA 01830
(978) 374-0506 x1604
allenr@northshoreymca.org

Please return this application to the Haverhill YMCA. Thank You.

Interest or past experiences (please check below) : Date of Availability: ___/___/___ Last Date of Availability ___/___/___

<input type="checkbox"/> Canoeing, kayaking & Boating Safety	<input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Drama, Music & Performing Arts	<input type="checkbox"/> Science & Nature
<input type="checkbox"/> Gymnastics & Cheer	<input type="checkbox"/> Office & Administration	<input type="checkbox"/> Swimming & Swim Lessons
<input type="checkbox"/> Challenge Course High & Low Ropes	<input type="checkbox"/> Sports <input type="checkbox"/> Archery	<input type="checkbox"/> Other (please list) _____

Please check all camper ages/grades you are interested spending the summer with.
 ___ age 3-5 ___ 1st Gr. ___ 2nd Gr. ___ 3rd Gr. ___ 4th Gr. ___ 5th Gr. ___

Information (PLEASE PRINT)

Last Name _____ First Name _____ MI _____

Home Address _____

City _____ State _____ Zip _____

School Address _____

City _____ State _____ Zip _____

Home Telephone () _____ Cell Phone () _____

E-Mail _____ Social Security _____

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of acceptance, I understand that false and misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Haverhill YMCA and Summer Camps.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Arrange Interview Yes_____ No_____

Remarks_____

Notes:
