



# Partners In Adventure

## 2015 Application For Employment

August 3-August 21 Monday - Friday 8:30-4:30 Daily

(additional times before camp begins for trainings, for moving days and after camp ends for wrap-up)

Name:(please print) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth date: \_\_\_\_\_

Best time to reach you: \_\_\_\_\_

Please describe your experience and education relevant to the position for which you are applying: \_\_\_\_\_

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Why do you want to work for Partners In Adventure day camp? \_\_\_\_\_

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Do you have any physical limitations that might affect your ability to assist campers? \_\_\_\_\_

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Please list 3 references with contact information: \_\_\_\_\_

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What is your experience with people with disabilities? \_\_\_\_\_

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