



Partners In Adventure

2018 Application For Employment

June 18-Aug 17 8:30-4:30 Daily

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

Name:(please print) _____ Date _____

Address: _____

Telephone: _____ E-mail: _____

Best time to reach you: _____

Birthdate: _____

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

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

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

Please list 3 references with contact information:

What is your experience with people with disabilities?

Mail to: Deborah Lamden, Executive Director, Partners In Adventure, PO Box 867, Shelburne, VT 05482
802-425-2638 e-mail: dlamden@gmavt.net