

Partners In Adventure

Inclusive Camps, Social / Recreational Opportunities for people with disabilities and friends



Application for Employment

Name: _____ DOB: _____ Age: _____ Gender Pref: _____

Address: _____ Town: _____ Zip _____

Cell _____ Work _____ Email _____

Position you are applying for:

___ Summer Counselor

___ Winter Counselor

___ Fitness Fridays

___ Saturday Night Out

___ Adventures In Granola

___ Connections Program Coordinator

___ Hitting the Trails Coordinator

___ Other: _____

Educational Experiences: _____

Other Work

Experiences: _____

List experiences with camps, recreational Programs, people with disabilities: _____

Tell us your experiences with the following: 1. Never done 2. Some experience 3. Experienced

Boating _____ Biking _____ Swimming _____ Horse Back Riding _____

Tell us why you want to be a part of Partners in Adventure! _____

Do you have any special interests or talents to share with us?!

List Three References:

Name

Contact Info:

1. _____

2. _____

3. _____

Please Email Application to Joan Martin at jmartin@partnersinadventure.org