

# Partners In Adventure

Providing programming for young people with & without disabilities, fostering friendship, independence & building self-esteem.

## Application for Employment

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender Pref: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_ call \_\_\_\_\_ text \_\_\_\_\_ email \_\_\_\_\_ no preference \_\_\_\_\_

How did you hear about PIA? \_\_\_\_\_

Position(s) you are applying for:

\_\_\_\_\_ Summer Counselor

\_\_\_\_\_ Winter Counselor

\_\_\_\_\_ Fitness Fridays Coordinator

\_\_\_\_\_ Saturday Night Out

\_\_\_\_\_ Adventures In Granola Staff or Coordinator

\_\_\_\_\_ Connections Program Coordinator

\_\_\_\_\_ Hitting the Trails Coordinator

\_\_\_\_\_ "Music With Jenn" Assistant

\_\_\_\_\_ Other: \_\_\_\_\_

Educational Experiences:

\_\_\_\_\_

Other Work Experiences:

\_\_\_\_\_

Please list your experiences with camps, recreational programs, interacting with people with disabilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please 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? Music, Art, Specific Sports, Hobbies

\_\_\_\_\_

Please List Three References:

Name

Contact Info:

1. \_\_\_\_\_

2. \_\_\_\_\_

3.

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*Please Email Application to Joan Martin at [jmartin@partnersinadventure.org](mailto:jmartin@partnersinadventure.org)  
or mail to PIA, PO Box 8190, Essex, VT 05451*

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