



Manchester-by-the-Sea
 Parks & Recreation Department
 10 Central Street, Manchester, MA 01944
 Phone: 978-526-2019 Fax: 978-526-2007
 www.manchester.ma.us

Counselor-In-Training Application

Name:	First	Last	Soc. Sec. #
Address:	Street	City	State Zip Telephone:
Email Address:			

Date of Birth: _____ Grade Entering in September: _____

**The Town of Manchester requires all Counselor-In-Training Candidates to be at least 15 years of age prior to the start of the Summer Playground Program. Applicants that do not meet this minimum age will not be considered.

If your application is considered favorably, on what dates would you be available for work? _____

Are you available for the entire summer? (Late June – Mid August): _____

EMPLOYMENT/VOLUNTEER EXPERIENCE

(Please begin with most recent experience.)

1. Company/Employer Name	Dates Employed From: _____ To: _____	Position
Address/Phone	Supervisor	Reason for leaving
2. Company/Employer Name	Dates Employed From: _____ To: _____	Position
Address/Phone	Supervisor	Reason for leaving

EDUCATION

Name and Address of School	Grade Completed (as of 6/30/2011)

REFERENCES:

Please provide the names of three (3) people (not related to you) who can attest to your ability to perform the duties/position for which you are seeking employment.

Name	Address	Phone #	How They Know You

