

# Easttown Township

566 Beaumont Road, Devon, PA 19333  
Telephone: 610-687-3000 | Fax: 610-687-9666

## COUNSELOR-IN-TRAINING APPLICATION Parks and Recreation Board Summer Program

*IMPORTANT: Carefully answer all questions in ink in your own handwriting.*

### I. APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you need accommodation services in order to perform your duties?  YES  NO

### II. EDUCATION LEVEL

9<sup>th</sup> Grade  10<sup>th</sup> Grade  11<sup>th</sup> Grade  12<sup>th</sup> Grade

School Name: \_\_\_\_\_

### III. EXPERIENCE

What are your skills and interests that would be helpful for this program?

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Please tell us your other volunteering experiences.

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Why do you want to be a volunteer in this program?

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**IV. REFERENCES** – List two people able to answer questions concerning your experience and abilities to do this job:

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

**IV. EMERGENCY CONTACTS**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**V. VOLUNTEER & PHOTOGRAPHIC RELEASE**

I certify that the information given above is accurate to the best of my knowledge and belief.

I intend to take this responsibility seriously, and in training to be a counselor, understand I am expected to be honest, reliable, patient, responsible, compassionate, positive, willing to help, and a team player.

YES  NO Easttown Township has my permission to use my photograph publicly to promote the Parks and Recreation Board Summer Program. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall be payable to me by reason of such use.

Dated: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Dated: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_