

# CAMP STAFF APPLICATION

## VILLAGE OF BUCHANAN



MUNICIPAL BUILDING, BUCHANAN, N.Y. 10511-1298

914.293-8391

[recreationdept@buchananny.gov](mailto:recreationdept@buchananny.gov)

Date: \_\_\_\_\_ Position applying for: \_\_\_\_\_

**\*\*Print clearly & fill out completely! \*\***

Answer each question completely, leaving non-applicable spaces blank.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Your cell phone number: \_\_\_\_\_ Home number: \_\_\_\_\_

Your email: \_\_\_\_\_ If under 18 Parent's email: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Sex: \_\_\_\_\_ Shirt size: \_\_\_\_\_

Date of Birth: (m/d/y) \_\_\_\_\_ Age as of June 30<sup>th</sup> 2025: \_\_\_\_\_

Grade ENTERING in the fall: \_\_\_\_\_ Do you have a driver's license? \_\_\_\_\_

Do you have any physical, medical or emotional attributes which may prevent or limit your

Participation in vigorous physical activities? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

What ages have you worked in a leadership capacity?

Pre-School \_\_\_\_\_ Elementary \_\_\_\_\_ Middle School \_\_\_\_\_

High School \_\_\_\_\_ Adult \_\_\_\_\_ Senior Citizen \_\_\_\_\_

Do you have CPR certification? \_\_\_\_\_ (Copy and attach to application) If you plan on

Getting yours, when? \_\_\_\_\_

**List all experience that relates to position sought:**

**Job title:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Employer's address:** \_\_\_\_\_

**Employer's phone number:** \_\_\_\_\_

**Dates worked for this Employer:** \_\_\_\_\_

**If more space is needed, attach a separate sheet with information on it.**

**Have you ever been employed by the Village of Buchanan?** \_\_\_\_\_

**If so, when:** \_\_\_\_\_

**\*\* PLEASE INDICATE SCHEDULED DATES OF ALL PLANNED COLLEGE TRIPS!** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Have 2 people email me a letter of reference for you. Ask either a teacher, coach or other person who knows you well, (NO relatives/friends). They must write the letter and reference to [recreationdept@buchananny.gov](mailto:recreationdept@buchananny.gov)**

**List Name, Address and Phone number.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL INFORMATION PRESENTED HERE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We are an Equal Opportunity Employer. We consider all applications for all positions without regard to race, religion, color, gender, age, national origin, physical or mental disability, marital status, veteran status, genetic disposition, sexual orientation or any other legal protected status. This application for employment will be considered active for a period of time not to exceed six (6) months. Any applicant wishing to be considered for employment beyond this time should reapply by completing another employment application.