

Town of Wells Recreation
 208 Sanford Rd (Mailing)
 412 Branch Rd (Physical)
 Wells, ME 04090
 207-646-5826



Summer Day Camp Applicant Questionnaire

*** You must be available for training the week prior to camp and full 7 week camp program. ***

About You	
Name:	
Cell Phone:	Email:

Position Applied For	
Check the position(s) you are applying for and the age group(s) that you are most interested in working with. Note: Applicants under the age of 16 must provide a valid Work Permit	
Jr. Camp Counselor (Min. age 15)	Camp Counselor (Min. age 16)
<input type="checkbox"/> Camp 1	<input type="checkbox"/> Camp 1
<input type="checkbox"/> Camp 2-3	<input type="checkbox"/> Camp 2-3
<input type="checkbox"/> Camp 4-6	<input type="checkbox"/> Camp 4-6
Camp Coordinator (Min. age 18)	Jr. Leadership Counselor (Min. age 18)
<input type="checkbox"/> Camp 1	<input type="checkbox"/> Junior Leadership (Grades 6-9)
<input type="checkbox"/> Camp 2-3	Jr Leadership Coordinator (Min. age 21)
<input type="checkbox"/> Camp 4-6	<input type="checkbox"/> Junior Leadership (Grades 6-9)

Background Information	
Have you ever been suspended from school?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please describe the circumstances involved:	
<i>A "yes" answer to the above question will not automatically disqualify you from employment. Date of offense, severity, and job relatedness will be considered.</i>	

Certification	
Do you have a current certification in CPR or First Aid? (If yes, please include a copy of your certificate)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

References		
Please give four (4) personal references who are not past employers and who are not your relative.		
Name	Phone	Email
NOTE: You MUST also include a Letter of Recommendation from a teacher, coach, guidance counselor or former employer (including babysitting jobs).		

Experience

Please list and describe any experience you have had working with children and the names and telephone numbers of people who could tell about these experiences (including babysitting, church groups, other counselor experiences; if noted as a reference then you do not need to list them again.)

Activity Experience

Rank the following categories:

(1) Activities in which you have experience and are capable of leading.

(2) Activities in which you have participated in and could assist in leading.

(3) Activities in which you have interest but you have had no experience.

(0) Activities in which you are not familiar – leave blank

Sports	Nature	Games	
Archery		Animals	Group Games
Baseball		Ecology	Initiatives
Basketball		Oceanography	New Games
Bicycling		Plants	Carnival Games
Flag Football	Camping		Crafts
Kickball		Climbing	Nature Crafts
Lacrosse		Fire building	Painting/Drawing
Pickleball		Group Camping	Fiber arts
Soccer		Hiking	Other (list):
Softball		Outdoor Cooking	
Tennis	Boating/Swimming		Drama/ Music
Track/Running		Canoeing	Dance
Volleyball		Kayak or SUP	Skits/Plays
Other (list):		Lifeguard Certification	Song Leading
		Swimming	Storytelling
		Water Safety Instructor	Dance
			Musical Instrument
			List:

Additional Information

Please add any additional comments or information that might be helpful to those making the hiring decision.

Questionnaire

Please answer the following questions. If more space is needed, continue your answer on the back or attach additional sheets.

Why do you want to work at the Wells Recreation Day Camp?

What are your expectations of the position you are applying for?

What hobbies do you enjoy during your spare time?

What makes you qualified for a position working with children?

What goals would you like to accomplish as a day camp employee?

What activities would you like to see as part of the day camp program? How would you help to make them part of our day camp program?


What are some qualities that you admire in other people?



Town of Wells Employee/Volunteer Background Check Request

The Town of Wells has partnered with Backgrounds Online to run your background check. You will receive an email (similar to the one below) that will require you to provide the personal information required to run your background check. If you do not receive an email, please check your spam/junk folder.

First Name:	Middle Name:	Last Name:
Email:	Phone:	

 **backgrounds online**
Background Checks & Screening Solutions

Background Check Request

Dear Applicant Name,

Town of Wells has partnered with Backgrounds Online to run this background check.

Backgrounds Online has partnered with Backgrounds Online to run your background check.

Simply click the link below to see and sign the electronic consent forms and provide the personal information necessary to run your background check.

[Begin Background Check](#)

Please note: your background check link is specific to you and is time sensitive.

Questions? See our [FAQs](#)

Thank you,
Team BGO (Backgrounds Online)

NOTE: If you are a minor, authorization and consent is required from a parental guardian. You will need to forward the link provided to a parent for signature and submission, thank you.