

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



Summer Day Camp Returning 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 you are applying for and the age group(s) that you are most interested in working with.

<input type="checkbox"/> Camp Counselor	<input type="checkbox"/> Camp 1	<input type="checkbox"/> Camp 2-3
<input type="checkbox"/> Assist. Coordinator	<input type="checkbox"/> Camp Coordinator	<input type="checkbox"/> Camp 4-6
<input type="checkbox"/> Junior Leadership		

Which camp would you prefer to work with and why?

Questionnaire

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

Please describe an experience you had at camp last summer that motivated you to become a better camp counselor:

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

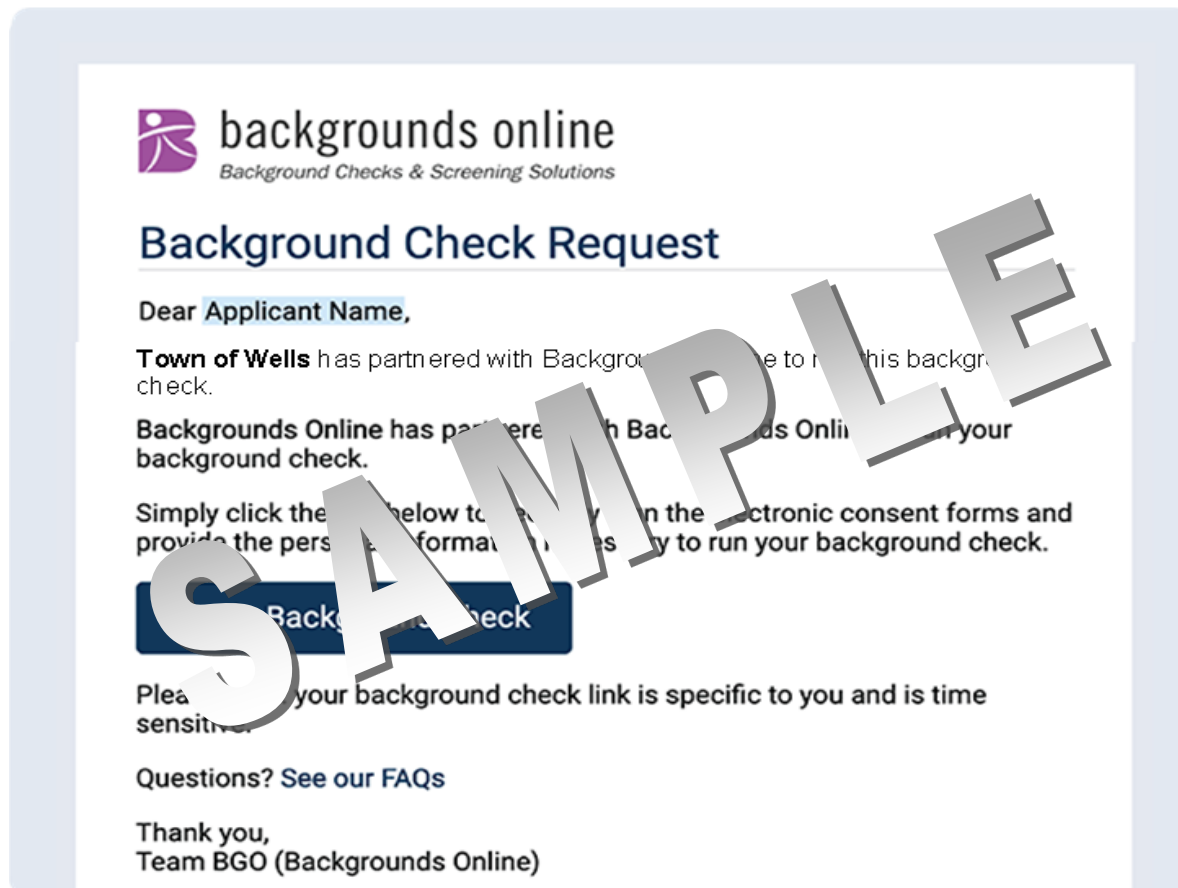
What new activities would you like to see as part of the day camp program? How would you help to make them part of our day camp program?



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:	



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.