

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 8 week camp program. \***

### About You

<b>Name:</b>	
<b>Cell Phone:</b>	<b>Mobile Carrier:</b>
<b>Email:</b>	

### 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 K-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 INFORMATION RELEASE FORM**

I, \_\_\_\_\_, the undersigned applicant for employment with the Town of Wells hereby expressly authorize the Town of Wells, its agents and employees to make any investigation of my personal or employment history, expressly including, but not limited to federal and/or state criminal, law enforcement, and motor vehicle records. I further authorize any former employer, person, firm, corporation, agency, administrative body or governmental agency to give the Town of Wells, its agents or employees any information they may have regarding me. In consideration of the review of my employment application with the Town of Wells, its agents or employees, I hereby release the Town of Wells and any or all providers of information to whom this release is sent, from any liability as a result of furnishing or receiving this information. I hereby state that all the information and materials I have provided to the Town of Wells and will be providing as part of the application for employment process are accurate and truthful.

I authorize all my present and previous employers, and references, to furnish information regarding my personal character, habits, and employment performance. I also authorize schools which I have attended to provide verification of educational attainment and other relevant information.

(Public Works Applicants Only) I expressly authorize the Town of Wells, its agents and employees to make a pre-employment CDL driver investigation of my driving history, as required by law, under the Federal Motor Carrier Safety Administration Clearing House. I understand that if I choose not to consent to this investigation, I may not be considered for employment with the Town of Wells.

\_\_\_\_\_  
Applicant Full Legal Name (print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State Issued

\_\_\_\_\_  
Date