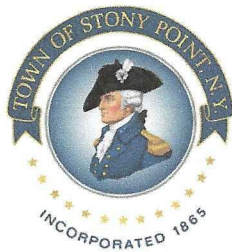


**Town of Stony Point**  
74 East Main Street  
Stony Point, NY 10980



**Tel: (845) 786-2716**  
**Fax: (845) 786-3248**  
**[www.StonyPointNY.gov](http://www.StonyPointNY.gov)**

Please provide the information below if you are a **new applicant** applying for a position as a Day Camp Counselor:

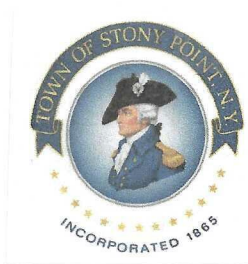
**Completed Application – including the following:**

1. Work Experience Form
2. Two (2) Summer Camp Reference Forms
3. Rockland County Department of Personnel Application
4. If you are under 18, a copy of your working papers (working papers can be obtained from your HS guidance office)
5. First Aid and CPR/AED certification is recommended, but not mandatory

*or*

Please provide the below information if you are a **returning applicant** applying for a position as a Day Camp Counselor:

1. Two (2) Summer Camp Reference Forms
1. Seasonal Checklist



**TOWN OF STONY POINT RECREATION DEPARTMENT  
DAY CAMP REFERENCE FORM**

The Town of Stony Point operates 2 summer day camps serving children ages 4 to 14, and we are dedicated to finding the highest quality staff to ensure each child a safe and fun time while in our programs. Staff must exhibit good decision-making skills, contribute positive behavior around children and staff, as well as demonstrate motivation and dependability. Thank you for helping to make our camp a safe and fun place for children and their families.

**Applicant's Name:** \_\_\_\_\_ **Reference's Name:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_ **Length of time you have known applicant:** \_\_\_\_\_

Please complete the following evaluation according to the scale listed below as it pertains to your knowledge of the applicant. Please use the number system listed below and add any comments that you feel would help us in our hiring process.

- 5 – exceeds expectations
- 4 – occasionally exceeds expectations
- 3 – meets expectations
- 2 – occasionally fails expectations
- 1 – does not meet expectations

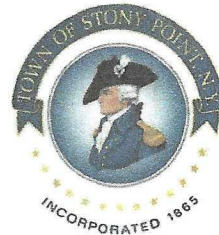
Maturity _____	Cooperates w/ peers _____	Appearance _____
Communication Skills _____	Leadership Ability _____	Punctuality _____
Initiative _____	Enthusiasm _____	Takes Direction Well _____

What do you feel would be the applicant's greatest assets to working with children in a day camp program?

What reservations, if any, would you have about the applicant's maturity or ability to successfully work with children and other staff?

---

Signature \_\_\_\_\_ Email or phone # \_\_\_\_\_ Date \_\_\_\_\_



## TOWN OF STONY POINT RECREATION DEPARTMENT DAY CAMP REFERENCE FORM

The Town of Stony Point operates 2 summer day camps serving children ages 4 to 14, and we are dedicated to finding the highest quality staff to ensure each child a safe and fun time while in our programs. Staff must exhibit good decision-making skills, contribute positive behavior around children and staff, as well as demonstrate motivation and dependability. Thank you for helping to make our camp a safe and fun place for children and their families.

Applicant's Name: \_\_\_\_\_ Reference's Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Length of time you have known applicant: \_\_\_\_\_

Please complete the following evaluation according to the scale listed below as it pertains to your knowledge of the applicant. Please use the number system listed below and add any comments that you feel would help us in our hiring process.

- 5 – exceeds expectations
- 4 – occasionally exceeds expectations
- 3 – meets expectations
- 2 – occasionally fails expectations
- 1 – does not meet expectations

Maturity _____	Cooperates w/ peers _____	Appearance _____
Communication Skills _____	Leadership Ability _____	Punctuality _____
Initiative _____	Enthusiasm _____	Takes Direction Well _____

What do you feel would be the applicant's greatest assets to working with children in a day camp program?

What reservations, if any, would you have about the applicant's maturity or ability to successfully work with children and other staff?

---

Signature \_\_\_\_\_ Email or phone # \_\_\_\_\_ Date \_\_\_\_\_

## SEASONAL EMPLOYEE CHECKLIST

Name: \_\_\_\_\_  
Last First

Last 4 Digits of Social Security \_\_\_\_\_  
XXXX

Check mark the following:

	Yes	No
*Direct Deposit Banking Details the same Check box If answer <u>No</u> you do not wish to sign up at this time <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check box If you would like to sign up <input type="checkbox"/>		
*W-4 Federal Tax the same	<input type="checkbox"/>	<input type="checkbox"/>
*New York State Withholding the same	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Number the same`	<input type="checkbox"/>	<input type="checkbox"/>
New Telephone Number (    ) _____	<input type="checkbox"/>	<input type="checkbox"/>
Email Address the Same		
New Email: _____	<input type="checkbox"/>	<input type="checkbox"/>
Mailing Address the same	<input type="checkbox"/>	<input type="checkbox"/>
New Address: _____		
Are you currently a Student? If yes, where? _____ (If not applicable skip this question)	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*If you answer No to any one of these questions, please see Personnel immediately to complete new forms to make necessary changes. If no longer a Student and work at the Golf Course see personnel immediately.