THE ENGLEWOOD CLIFFS SUMMER RECREATION PROGRAM

Counselor Application Form

Date_____

Name _____ **Under 18: proof of eligibility will be required**

Address _____

Home Phone_____ E-mail _____

School Grade in September _____ School _____

Are you taking vacation during camp? _____ Date(s) _____

Have you worked at the E.C. Summer Camp before?_____ How many years?_____

Past working experience– paid volunteer

Date	Work	Responsibilities

_____ _____

Parent/Guardian Signature Applicant Signature

****This Application Must Be Returned No Later Than May 7, 2010****