

Town of Scituate

RECREATION COMMISSION
FRIENDS OF SCITUATE RECREATION, INC.

600 CHIEF JUSTICE CUSHING HWY.
SCITUATE, MASSACHUSETTS 02066
TEL: (781) 545-8738
FAX: (781) 545-6990



Scituate Recreation Department
SAILING Application
Summer 2012
PLEASE PRINT

Today's Date: _____

Name: _____

Position of Employment: _____

Permanent Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address(**please print**): _____

College Address: _____

College Phone Number: _____

Date of Birth: _____ / _____ / _____ Age as of June 1, 2012: _____

Education Qualifications:

Level of Study	Degree	Date Granted	Dates Attended	Institution
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Graduate: _____

Bachelor's _____

Associate's _____

High School: _____

Recreation Instructor/ Supervisor Experience/Volunteer Experience (please be specific):

Certifications/Awards/Hobbies (Interests):

References, please include name, phone number and your relationship. Please list three (NO FAMILY REFERENCES)

Date available to start: _____

T-shirt size (please circle): small medium large x-large xx-large

Sweat shirt size (please circle): small medium large x-large xx-large

PLEASE FILL OUT BOTH SIDES

Please take a moment to share with the Recreation the following:

Why you want to work with us this summer?

Which programs are you interested in working for and why?

What qualities do you have that you feel will be an asset to the Recreation Department?

Any additional comments:

PLEASE FILL OUT BOTH SIDES



CORI REQUEST FORM- APPLICANT

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PLEASE ATTACH A PHOTO I.D.

Town of Scituate Recreation Department has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/VOLUNTEER INFORMATION (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER Identity Theft Index PIN *
(Requested but not required) (if applicable)

CURRENT ADDRESS:

FORMER ADDRESS:

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

*** THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*** The CHSB identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.**



REFERENCE SHEET

PLEASE DO NOT USE FRIENDS OR RELATIVES AS REFERENCES

_____ has applied to Scituate Recreation to become a counselor. It is mandatory that all applicants submit (3) references.

Would you please indicate below how you evaluate this applicant in each of the categories.

Category	Excellent	Very Good	Average	Fair	Poor
Promptness					
Initiative					
Emotional Maturity					
Verbal Communication Skills					
Demeanor/Disposition					
Ability to Work Independently					
Ability to Understand & Adhere to Organizational Structure, Policies, & Procedures					
Ability to Work with Children					
Ability to Fulfill Commitments/Responsibilities					
Ability to Manage Stressful Situations					
Ability to Follow Instructions					
Ability to Accept Correction/Criticism					
Ability to Work in Team					
Task Performance					

If you had (or do have) a child, would you place him/her in care of this individual?

YES NO

If you explained NO to the above question, please explain below in detail.

Additional Comments: *(Please Print)*

Please Print Name and Title

Relationship to Counselor Applicant

Company/Organization: _____

Address: _____ Email: _____

Phone Number & Best Time of Day to Be Reached: _____

Signature

Date

THANK YOU FOR YOUR COOPERATION!

