Mount Tremper Outdoor Ministries, Inc. at Camp Wilbur Herrlich 101 Deacon Smith Hill Road Patterson, New York 12563

Phone: (845) 878-6662 Fax: (845) 878-2030

Web Page: www.campherrlich.org Email: info@campherrlich.org

APPLICATION FOR EMPLOYMENT SCHOOL AGE PROGRAMS

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status or veteran status, the presence of non-job related medical condition or handicap, or any other legally protected status.

PERSONA	AL DATA: (Please print)	Social Sec	urity #:	
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s. rs.		Age:	Date of B	irth:
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one #:		Cell Phone #:		
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	Please indicate the program s	site/s at which you	would like to	o work
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amp Wilbur He	rrlich	Pav	wling Elemen	tary School
fter School)		(Be	fore and Afte	
<u>ase indicate t</u>	he specific days and hours you	u are available t	<u>o work.</u>	
	Before Care	After Scho	ool	
	(7-9am, 6:45-8:45 PES)	(3-6pm A <i>A</i>	ASP, 2:30-6:3	0pm CASP)
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. What are hobbies or special talents could you share with the children in our School-Age Programs?
. How did you hear about Mount Tremper Outdoor Ministries at Camp Herrlich/ School Age rograms?
. Why are interested in working for Mount Tremper Outdoor Ministries at Camp Herrlich with the chool Age Programs?
. What experiences have you had working with children?
. What will be one of your greatest challenges or personal goals you would set or achieve for yourself in ecuring this position?
Please describe yourself to us in your own words on a separate sheet of paper. Please include any information you may want us to know about.
certify that the above answers given on this application are true and complete to the best of my knowledge.
hereby authorize Mount Tremper Outdoor Ministries, Inc. and its agents to investigate any and all statements ontained in this application for employment as may be necessary in arriving at an employment decision.
In the event of my employment, I understand that any false or misleading information given in this application hay result in immediate discharge. I understand, also, that I am required to abide by all rules and regulations of the employer and its licensing authorities.
ignature Date
Please return this completed application to:

Please return this completed application to Camp Wilbur Herrlich 101 Deacon Smith Hill Road Patterson, New York 12563