



Park Day Camp Counselor Form

27500 Shaker Blvd.; Pepper Pike, Ohio 44124
(216) 371-2244 ext. 205 (summer only) Fax # (216) 321-0639

Name: _____ Date: _____

Age: _____ Date of Birth: _____ Current Grade: _____

Email Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

School: _____

Extracurricular Activities:

Are you a Park Member? Yes No

Have you ever attended Park Day Camp? Yes No Years(s)? _____

Shirt Size: Adult Medium Adult Large Adult XL

Work Experience

Employer	Dates	Duties	Supervisor & Phone #
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References:

Camp Experiences (list all camper and / or counselor experiences)



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Experience/Proficiency	Little/None (1)	Average (2)	Good (3)	Excellent (4)
Arts & Crafts				
Attendance/Punctuality				
Drama				
Flexibility (adjust to change)				
Leadership				
Music				
Sports				

Have you ever been dismissed from a position of employment? Yes No

If yes, what were the circumstances? _____

Can you work the entire camp season? (June 12 – August 4, 2023) Yes No

If No, please specify when you can work:

Please include two (2) letters of reference and mail to:

Park Synagogue
C/O: Park Day Camp
27500 Shaker Boulevard, Pepper Pike, OH 44124