

Employment Application for Silver Towers Camp 2026

Date: _____

Position Applying for: Counselor, Nurse, Kitchen Help,
Volunteer

Name: _____

Address: _____ Phone #: _____

School or Business Address: _____ Phone #: _____

Is there any reason that you may not be able to perform any of the functions of the job for which you have just applied for? Yes _____ No _____ If YES, please explain:

Question for Counselors:

Skills/Talents/Expertise: In the following categories please rank the areas in which you feel you have the most qualifications: 1 could teach the activity, 2 could assist in teaching, 3 have a license or certification in the area:

_____ Arts and Crafts _____ Swimming/lifeguard _____ Dance _____ Drama _____ Hiking/Nature _____ Music
_____ Outdoor activities _____ Other please specify _____

Can you play a Musical Instrument? YES or NO please specify _____

Questions for Counselor, Nurse, Kitchen Help

Do you have a Valid Driver's License? YES or NO. If yes, which State: _____

Do you have experience working with people with Disabilities? Please describe: _____

STAFF INFORMATION: Orientation starts on June 16, 2025. Camp opens on June 22, 2025.

All positions are salaried and based on experience. All employees are provided with Room and Board.

<u>Education</u>	School	Major Subjects	Date of Degree or Diploma
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Licenses or Certifications</u>	Type	Issuing Agency	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Employment History</u> (Employers may be contacted for verification)			
Date	Employer	Address/Phone	Job Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Camp Experience</u>			
Date	Camp	Address	Camper or Staff
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References (Give name and address of 2 persons (not relatives) having knowledge of your character and ability)

I authorize investigation of all statements herein and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee and any agreement to the contrary must be in writing and signed by the director of the camp and with the approval of the camp committee. I also understand that untrue, misleading, or omitted information may result in dismissal, regardless of the time of discovery by the camp. All statements become part of future employee personnel files.

Signature _____ Print Name _____ Date _____

PLEASE REMEMBER

1) Attach a copy of all diplomas, certificates and licenses

2) Submit two letters of reference

**Please mail completed application forms to: Carolyn Ravenna, Director
241 Lincoln Ave. Rutland, VT 05701 or email to cdravenna@comcast.net**