



**SUMMER CAMP COUNSELORS
SUPPLEMENTAL QUESTIONNAIRE**

NAME: _____
(Please Print)

EMAIL ADDRESS: _____

The following questions are designed to help you present your qualifications for Summer Camp Counselor. Your responses to these questions will determine whether you are among the most qualified of the applicants and should continue in the selection process.

- 1.) Please describe your experience working with children ages 5 to 10 years of age.
- 2.) What do you feel is the most important thing a recreation program should offer children?
- 3.) Please describe any experience you have working on or with a team.
- 4.) What does the phrase, "Parks Make Life Better" mean to you?

Please sign the following certification:

I certify that all statements made in response to this supplemental questionnaire are true, and I agree and understand that misstatements or omissions of material fact may forfeit my rights to employment with the Town of Windsor.

Signature

Date