

MONTGOMERY VILLAGE FOUNDATION
10120 Apple Ridge Rd., Montgomery Village, MD 20886 301-948-0110

DEPARTMENT OF RECREATION, PARKS AND CULTURE
APPLICATION FOR VOLUNTEER COUNSELOR-IN-TRAINING POSITION

APPLICANTS MUST BE 14 YEARS OF AGE OR OLDER (15 YEARS OR OLDER FOR TEEN EXPRESS)

Indicate all positions applied for by designating First Choice (1), Second Choice (2), and Third Choice (3)

VOLUNTEER POSITIONS AVAILABLE

CAMP TINY FEET

Located at Whetstone Community Center
19140 Brooke Grove Ct.
For ages 4-5
Hours required: 8:45 a.m. – 12:15 p.m.

CAMP SOARING STARS

Located at Stedwick Community Center
10401 Stedwick Rd.
For ages 6-8 ½
Hours required: 8:45 a.m. – 4:15 p.m.

CAMP RACING WIND

Located at Lake Marion Community Center
8821 East Village Ave.
For ages 8-11
Hours required: 8:45 a.m. – 4:15 p.m.

CAMP TEEN EXPRESS

Located at Lake Marion Community Center
8821 East Village Ave.
For ages 11-14
Hours required: 8:45 a.m. – 4:15 p.m.
Applicant Must be 15 for Teen Express

NORTH CREEK DROP-IN

Located at North Creek Community Center
20125 Arrowhead Rd.
For children entering grades 1-8
Hours required: 12:30 – 5:00 p.m.

SWIM LESSONS

Located at Apple Ridge Swimming Pool
10101 Apple Ridge Rd.
For Ages 3-12
Hours Required: M-Th. Or Sat.
9:15 a.m. – 11:30 a.m.

Name: _____

Date: _____

Address: _____

Email address: _____

City State Zip

Telephone: cell _____ home _____

Dates Available for Work: _____

Applicants must be 14 yrs of age or older (15 yrs. or older for Teen Express). Please give date of birth: _____

Do you have your own transportation? Yes _____ No _____

Do you have a legal right to work in the United States? Yes _____ No _____

Have you ever been employed by the Montgomery Village Foundation? Yes _____ No _____

If yes, please give dates _____ Position(s): _____

Have you ever been convicted of an offense, other than a misdemeanor or summary offense? Yes _____ No _____

If yes, please explain: _____

(Record of conviction does not automatically disqualify the applicant from employment consideration.)

The Montgomery Village Foundation is an equal opportunity employer

EDUCATION RECORD

Name and Location of School	Grade
School Currently Attending	
School Attending in Fall	
Other	

EMPLOYMENT/VOLUNTEER HISTORY

List your present and past employment/volunteer information *beginning with your most recent*. Please indicate if you were employed under another name.

Employer	Telephone ()	Dates Employed From To	Work Performed
Address			
Job Title		Hourly Rate/Salary Starting Final	
Supervisor			
Reason for Leaving			
Employer	Telephone ()	Dates Employed From To	Work Performed
Address			
Job Title		Hourly Rate/Salary Starting Final	
Supervisor			
Reason for Leaving			
Employer	Telephone ()	Dates Employed From To	Work Performed
Address			
Job Title		Hourly Rate/Salary Starting Final	
Supervisor			
Reason for Leaving			

REFERENCES

Please list three personal references (only include people who are not relatives and who know you well).

Name _____	Relationship to Applicant _____
Address _____	
Phone # (home) _____ (work) _____	
Name _____	Relationship to Applicant _____
Address _____	
Phone # (home) _____ (work) _____	
Name _____	Relationship to Applicant _____
Address _____	
Phone # (home) _____ (work) _____	

CERTIFICATIONS

	CERTIFICATIONS	EXPIRATION DATE
	CPR	
	First Aid	

ACTIVITIES: (Mark P = have participated; L = Can Lead)

P/L		P/L		P/L	
	Creative Drama		Volleyball		Dance
	Group Singing		Floor/Street Hockey		Table Games
	Instrument Playing Specify		Touch/Flag Football		Ping Pong
	Crafts		Tennis		Low Organized Games
	Cooking/Cake Decorating		Baseball/Softball		Aerobic Exercise
	Weaving/Sewing		Basketball		Swimming
	Gymnastics		Soccer		Camping
	Rollerblading		Other/List		Other/List

RELEASE

I, _____, hereby authorize Montgomery Village Foundation, Inc., its agents and representatives to obtain a full disclosure from my previous employer(s) listed above, or provided separately by me, of any information concerning my previous employment, either oral or written. I indemnify and hold harmless any person o whom this request is presented and its agent and employees from and against all claims, damages, losses and expenses arising out of or by reason of complying with this request. A photocopy or facsimile of this authorization will be valid as an original, even though the photocopy or facsimile does not contain an original writing of my signature. This authorization expires at midnight on _____, 20_____.

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application may be considered sufficient cause for dismissal.

Signature _____ Date _____

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Signature Acknowledging This Notice _____