

Town of Wellfleet Recreation Department Leader in Training Application

Name: _____
Date of Birth: _____ email Address: _____
Home Address: _____
Wellfleet Address: _____
Phone #: _____ Date of Birth: _____
School: _____ Grade Completed (2024-2025) _____
Weeks Available 6/29 – 8/14: _____ How many days per week? _____
Parent/Guardian Name: _____ Phone: _____
Parent/Guardian Name: _____ Phone: _____
Allergies/Medical Conditions: _____
For Gull Pond Applicants: Highest level of swim class completed: _____

Recreation Experience or Swim Experience (Please tell us if you have participated in any recreation/swim programs previously and, if so, tell us about it:

Hobbies/Interests/Awards (Please tell us what you like to do, what interests you and about any awards you've received, etc.)

Why would you like to volunteer with us?

What would make you an asset to the Wellfleet Recreation Summer Program?

Certifications/Special Skills:

Additional Comments:

References: (Name, Phone Number and Relationship) Do not use relatives as references:

1): _____

2): _____

PLEASE NOTE: This is a volunteer leadership training opportunity. It is not a guarantee that you will be hired as a counselor in the future. Consideration for future employment is based on performance, the recommendation of your head counselor/the Program Director, and other experiences throughout the school year.

****Orientation is anticipated to be the afternoon of either 6/24 or 6/25... TBD****