



## MANSFIELD PARK & RECREATION DEPARTMENT

Six Park Row, Mansfield, MA 02048

(508) 261-7384

FAX (508) 261-1083

E-MAIL [recreation@mansfieldma.com](mailto:recreation@mansfieldma.com)

TO: Prospective Head Counselors

FROM: Sherri Gurnon, Director  
Mansfield Parks & Recreation

DATE: March 2021

RE: 2021 Summer Camp Head Counselor Position

The Mansfield Parks & Recreation Department Summer Camp will be hiring one Head Counselor for Summer Camp 2021. The position description is as follows:

- Head Counselor - Supervises counselors working with children ages 5 through 8 or children 9 through 12
- The Head Counselor works with the counselors and CIT's in planning and implementing camp activities
- The Head Counselor will assist the Camp Director with the daily activities of camp and supervise the weekly full and half day field trips

If you are interested in applying for this position, please forward your resume, Park and Recreation questionnaire, and Town of Mansfield Application for Employment to the Mansfield Parks & Recreation Office by 8:00pm, Friday, April 23.

Interview dates are tentatively scheduled for Wednesday, April 28. All applicants must attend a personal interview to be considered for the position of Head Counselor. Interviews will be scheduled via email after the deadline of Friday, April 23.

If you should have any questions, please e-mail us at [recreation@mansfieldma.com](mailto:recreation@mansfieldma.com), or call us at 508.851.6458. Thank you for your interest in the Mansfield Park & Recreation Department Summer Camp.

**POSITION DESCRIPTION**  
**TOWN OF MANSFIELD**  
**Parks & Recreation Department**  
**Six Park Row, Mansfield, MA 02048**  
**508-851-6458**

**POSITION TITLE:** Summer Camp Head Counselor

**GENERAL DUTIES:**

Supervisory position: Supervises counselors working with children ages 5 through 8 or ages 9 through 12.

Head Counselors are hired by the Parks & Recreation Director with the assistance of the Camp Director. He/she reports directly to the Camp Director. Head Counselors are responsible for supervising Counselors and CIT's/LIT's placed under their direction. They plan, coordinate and set camp activities with the Director and Counselors; supervise day trips with the Camp Director and/or supervise the camp with the Camp Program Administrator; work with parents, counselors and campers.

Position: 9 weeks, 40 hours per week  
1 day of training prior to the start of camp (June training date TBD)

**DUTIES AND RESPONSIBILITIES:**

Head Counselors are responsible for, but are not limited to:

- Working with the Camp Director, office staff, counselors, parents and campers
- Development, organization and direction of programs
- Discipline of campers and counselors in coordination with the Camp Director
- Supervision of day-to-day camp activities

**QUALIFICATIONS:**

- Minimum age of 20
- 2 years of summer camp counselor experience
- Experience in working with one or all of the specified age groups
- Supervisory experience
- Ability to work with and direct staff and children
- Knowledge of games, sports, arts and crafts, and other subjects of interest to children
- Strong organizational skills
- Mandatory First Aid and CPR certified. (training available)
- Ability to show up to date immunization record
- Ability to do some physical work

**\*\*\*Employment is contingent upon a successful CORI background check  
(Criminal Offender Record Information)**

**The Town of Mansfield is an Equal Opportunity Employer**

Dear Applicant,  
Please fill out this questionnaire and return it with your Town of Mansfield Application for Employment.

Please be brief, to the point, and write clearly. Use additional paper if necessary, thank you.

Name \_\_\_\_\_ Date \_\_\_\_\_

Primary Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

1. What qualities would you use to describe a *good head counselor*?

\_\_\_\_\_

2. How would you deal with a troublesome camper?

\_\_\_\_\_

3. How could you facilitate a change in the actions of a Counselor that is not helpful?

\_\_\_\_\_

4. How would you reassure the parent of an uncertain 5/ 6 year old on the first day of camp?

\_\_\_\_\_

5. How would you respond if a problem/issue arose between two counselors at camp?

\_\_\_\_\_

Check your favorite activities or areas of expertise that you feel you could work with or teach campers.

|   |                                    |   |   |
|---|------------------------------------|---|---|
| <input type="checkbox"/> Arts & Crafts    | <input type="checkbox"/> Dance     | <input type="checkbox"/> Flag Football      | <input type="checkbox"/> Nature Studies |
| <input type="checkbox"/> Painting/Drawing | <input type="checkbox"/> Drama     | <input type="checkbox"/> Floor Hockey       | <input type="checkbox"/> Fishing        |
| <input type="checkbox"/> Singing          | <input type="checkbox"/> Soccer    | <input type="checkbox"/> Softball/ Baseball | <input type="checkbox"/> Board/Card     |
| <input type="checkbox"/> Storytelling     | <input type="checkbox"/> Tag Games | <input type="checkbox"/> Basketball         |   |

OTHER: \_\_\_\_\_

Do you have your First Aid and CPR Certification? Yes \_\_\_ No \_\_\_

List other certifications you hold \_\_\_\_\_

Please list any and all information that would help us to know you and want to hire you as a Head Counselor.

\_\_\_\_\_

### Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

Signature of Applicant

Date



*Town of Mansfield*  
**APPLICATION FOR EMPLOYMENT**

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

It is the policy of the Town of Mansfield to afford equal employment opportunity to all qualified persons regardless of race, color, religious creed, national origin, age, military status, sexual orientation, disability, genetic information, gender identity, gender expression or gender unless based upon a bona fide occupational qualification.

**PERSONAL INFORMATION**

|   |                   |               |          |
|---|-------------------|---------------|----------|
| First Name  | Middle Initial    | Last Name     |          |
| Home Telephone Number                                   | Cell Phone Number | Email Address |          |
| <b>Mailing Address</b>                                  |                   |               |          |
| Street  | City              | State         | Zip Code |
| <b>Home Address – if different than mailing address</b> |                   |               |          |
| Street  | City              | State         | Zip Code |

**EMPLOYMENT DESIRED**

|   |  |                                     |                                    |
|---|--|-------------------------------------|------------------------------------|
| Position Applied For                                    | How soon can you start if a job offer is made? |                                     |                                    |
| Are you available to work?                              |  |                                     |                                    |
| <input type="checkbox"/> Full Time                      | <input type="checkbox"/> Part Time             | <input type="checkbox"/> Shift Work | <input type="checkbox"/> Temporary |
| Can you travel if a job requires it? _____ Yes _____ NO |  |                                     |                                    |

**Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing the essential functions of the position for which you have applied?  Yes  No

**EDUCATION**

| Name of School        | City | State | Major | Grad. Y or N | Degree | Yrs Attended |
|-----------------------|------|-------|-------|--------------|--------|--------------|
| High School           |      |       |       |              |        |              |
| Undergraduate College |      |       |       |              |        |              |
| Graduate Professional |      |       |       |              |        |              |

List any additional education or training

COMPLETE INFORMATION IN FULL: *Applicants must complete this page even if they are also submitting a resume.*

BEGIN WITH YOUR MOST RECENT EMPLOYMENT, INCLUDING ANY PRESENT EMPLOYMENT. YOUR PRESENT EMPLOYER WILL NOT BE CONTACTED WITHOUT YOUR PERMISSION. YOU MAY INCLUDE ANY VERIFIABLE WORK PERFORMED ON A VOLUNTEER BASIS, ANY GAPS IN EMPLOYMENT MUST BE BRIEFLY EXPLAINED.

**EMPLOYMENT HISTORY**

**Job #1**

Are you employed now? Yes No

Company Name May we contact? Y N

Telephone Number Job Title

Supervisor Name Supervisor Phone #

Specific Duties

Dates Employee From: To:

Reason for Leaving

**Job #2**

Are you employed now? Yes No

Company Name May we contact? Y N

Telephone Number Job Title

Supervisor Name Supervisor Phone #

Specific Duties

Dates Employee From: To:

Reason for Leaving

**Job #3**

Are you employed now? Yes No

Company Name May we contact? Y N

Telephone Number Job Title

|                      |                    |
|----------------------|--------------------|
| Supervisor Name      | Supervisor Phone # |
| Specific Duties      |                    |
| Dates Employee From: | To:                |
| Reason for Leaving   |                    |

**CERTIFICATIONS AND LICENSES**

List any professional licenses, registrations or certifications you possess.

| License/Certification | License # | Date Issued | State Issued | Expiration Date |
|-----------------------|-----------|-------------|--------------|-----------------|
|                       |           |             |              |                 |
|                       |           |             |              |                 |
|                       |           |             |              |                 |

**Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that unless I attain permanent status or am subject to the terms of a collective bargaining agreement and have completed the requisite probationary period, my employee will be at-will, which means that both the Town of Mansfield and I are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."  
MGL Ch. 149, Section 19B

## Voluntary Affirmative Action Request Form

The Town of Mansfield as part of its commitment to Affirmative Action/Equal Opportunity policies invites you to provide the following information. All applicants will be considered without regard to race, color, religion, gender, national origin, age, marital or veteran status, medical condition or disability. The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel and is used to further the Town's Affirmative Action/Equal Opportunity policies. Your cooperation is appreciated.

Position Title: \_\_\_\_\_

Gender: Male  Female

Ethnic Origin:

- White – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black – All persons having origins in any of the black racial groups of Africa.
- Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.
- Asian or Pacific Islander – All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- American Indian or Alaskan Native – All persons having origins in any of the original people of North America maintaining cultural identification through tribal affiliations or community recognition.
- Cape Verdean – All persons having origins on the Cape Verde Islands.

National Origin: \_\_\_\_\_

Veteran Yes  No

Vietnam Era 1962-1975 Yes  No

Disabled Yes  No