



Town of Mansfield
6 Park Row, Mansfield, Massachusetts 02048
Parks & Recreation
Sherri Hutton Gurnon, Director

TO: Prospective Summer Camp Counselors

FROM: Sherri Hutton Gurnon, Director
Mansfield Parks & Recreation Department

DATE: January 2023

RE: 2023 Summer Camp Counselor Position

If you are interested in applying for a Summer Camp Counselor position, please forward your resume, Parks and Recreation questionnaire, and Town of Mansfield Application for Employment to the Human Resources Department, humanresources@mansfieldma.com, by Friday, March 24.

All applicants are required to attend a personal interview to be considered for the position of Camp Counselor. Interviews are scheduled for Wednesday, March 29.

If you should have any questions, please e-mail us at 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 Counselor

GENERAL DUTIES:

Summer Camp Counselors are hired by the Parks & Recreation Director with the assistance of the Camp Director. Counselors report directly to the Camp Director/Head Counselors. Counselors are responsible for supervising the children enrolled in the summer camp and assisting with the planning and running of activities. The activities include, but are not limited to, day/walking trips, games, sports, entertainment, swimming, drama, arts & crafts, nature studies.

Position: 8 weeks, 40 hours per week
1 day (TBD) of training prior to the start of camp

DUTIES AND RESPONSIBILITIES:

Camp Counselors are responsible for, but not limited to:

- Daily attendance records for their assigned campers
- Daily running of activities as listed above
- Set up and clean-up of equipment and supplies needed to conduct an activity, putting the items away in their appropriate place
- Day to day, activity-to-activity, discipline of campers
- Reporting any discipline or related problems to the Head Counselors and/or the Camp Director
- Being on time to work
- Submitting a weekly activity schedule for their group to the Head Counselor on time
- Being creative, suggesting programs and activities that can be implemented in camp
- Basic first aid

QUALIFICATIONS:

- Minimum age of 16 years old
- Experience working with children, ages 5 through 12
- Leadership ability
- Ability to take direction and follow instruction
- Ability to work with children, parents, park staff and the general public
- Sensitivity to and awareness of the needs of children
- Ability to do some physical work
- Good working knowledge of games, sports and other subjects of interest to children
- Ability to show up to date immunization record
- First Aid and CPR certification mandatory, training available

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

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 Number _____ E-mail Address _____

1. By what *standards* would you describe a *good counselor*?

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

- | | | | |
|----------------------------------|------------------------------------|--|---|
| <input type="checkbox"/> Arts & | <input type="checkbox"/> Dance | <input type="checkbox"/> Flag Football | <input type="checkbox"/> Nature Studies |
| <input type="checkbox"/> Crafts | <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 | <input type="checkbox"/> Word Games |
| <input type="checkbox"/> Stories | <input type="checkbox"/> Tennis | <input type="checkbox"/> Baseball | <input type="checkbox"/> Board/Card |
| <input type="checkbox"/> Swim | <input type="checkbox"/> Tag Games | <input type="checkbox"/> Basketball | <input type="checkbox"/> Games |

OTHER: _____

3. How would you deal with a troublesome camper that is a friend or neighbor?

4. How would you guide a camper who has problems paying attention to directions?

5. How could you change the actions of a CIT (Counselor in Training) that is more of a nuisance than help?

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

7. Describe the steps you would take to teach an activity of your choice, to a group of 7/8-year-old campers.

8. If you are inside for the day with ten 9/10-year-old campers, and confined to a small corner of the hallway, what would you do with the campers to keep them busy and relatively quiet?

9. How would you motivate a group of 11/12 year old campers with an arts & crafts activity?

10. With what age group would you prefer to work? **Circle all that apply.**

5 & 6 7 & 8 9 & 10 11 & 12

11. Do you have your First Aid and CPR Certifications? Yes ___ No ___

12. List other certifications or qualifications you hold (i.e. lifeguard, coaching, etc.). _____

Please list any and all information that would help us to know you and want to hire you as a 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 consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For _____ Date of Application _____

How Did You Learn About Us? (Please circle one.)

Advertisement, Employment Agency, Friend, Relative, Walk-In, Other: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ Email address: _____

Telephone Number(s): _____ Cell: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes _____ No _____

Have you ever filed an application with us before? Yes _____ No _____
If Yes, give date. _____

Are you currently employed? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Are you currently authorized to work in the United States? Yes _____ No _____

Proof of citizenship or legal immigration status will be required before employment.

Do you now, or will you in the future, require sponsorship for a work visa in this country? Yes _____ No _____

On what date would you be available for work? _____

Are you available to work? (Please check the applicable status.)

Full Time _____ Part Time _____ Shift Work _____ Temporary _____

Are you currently on "lay-off" status and subject to recall? Yes _____ No _____

Can you travel if a job requires it? Yes _____ No _____

Have you been convicted of a felony within the last seven years? Yes _____ No _____
(Conviction will not necessarily disqualify an applicant from employment.)

If Yes, please explain. _____

THE TOWN OF MANSFIELD IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>
Undergraduate College			Yes <input type="checkbox"/> No <input type="checkbox"/>
Graduate Professional			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Indicate any foreign languages you can speak, read and/or write:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer:	Dates Employed From To	Work Performed:
-----------------	------------------------------	-----------------

Address:

Telephone Number(s):	Hourly Rate/Salary Starting Final	
----------------------	---	--

Job Title:	Supervisor:
------------	-------------

Reason for Leaving:

2. Employer:	Dates Employed From To	Work Performed:
-----------------	------------------------------	-----------------

Address:

Telephone Number(s):	Hourly Rate/Salary Starting Final	
----------------------	---	--

Job Title:	Supervisor:
------------	-------------

Reason for Leaving:

3. Employer:	Dates Employed From To	Work Performed:
-----------------	------------------------------	-----------------

Address:

Telephone Number(s):	Hourly Rate/Salary Starting Final	
----------------------	---	--

Job Title:	Supervisor:
------------	-------------

Reason for Leaving:

4. Employer:	Dates Employed From To	Work Performed:
-----------------	------------------------------	-----------------

Address:

Telephone Number(s):	Hourly Rate/Salary Starting Final	
----------------------	---	--

Job Title:	Supervisor:
------------	-------------

Reason for Leaving:

(If you need additional space, please continue on a separate sheet of paper.)

List Professional, trade, business or civic activities and offices held.

You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment, licenses, certifications, or other experience.

Specialized Skills

Check Skills/Equipment Operated

Computer

Production/Mobile Machinery (List)

MSOffice

Other

(Please explain.)

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: 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 in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes

No

References

1.

(Name)	Phone Number
--------	--------------

(Address)

(Title/Company)

2.

(Name)	Phone Number
--------	--------------

(Address)

(Title/Company)

3.

(Name)	Phone Number
--------	--------------

(Address)

(Title/Company)

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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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

FOR PERSONNEL DEPARTMENT USE ONLY:

ARRANGE INTERVIEW: Yes _____ No _____

REMARKS:

Interviewer: _____ Date: _____

Employed: Yes No Date of Employment: _____

Job Title _____ Hourly Rate/Salary _____

Department _____ By _____

NOTES:
