



SINCE 1844

ROCKAWAY TOWNSHIP

65 MOUNT HOPE ROAD, ROCKAWAY, NEW JERSEY 07866

DEPARTMENT OF PARKS, RECREATION AND SENIOR SERVICES

Joseph S. Fiorilla, Director
Deputy OEM Coordinator

Dept of Parks, Recreation and Senior Services

Seasonal Employee and Volunteer Application

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Phone: _____
Home Business Cell/Pager

School Attending: _____ **Current Grade:** _____

Address: _____
Street City State Zip

Emergency Contact: _____

Address: _____
Street City State Zip

Phone: _____
Home Alternate

Desired Program and/or Program Affiliation: _____

Desired Position: _____

Please list all relevant experience:

| Year | Position Held | Program |
|------|---------------|---------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

(SEE REVERSE SIDE TO COMPLETE THE APPLICATION)

List all current and valid certifications applicable to Recreation and Athletic Programs.

| Certificate / Course | Certifying Agency | Expiration Date |
|----------------------|-------------------|-----------------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
| 4. _____ | | |

Additional personal references we may contact:

| Name | Relationship | Phone |
|----------|--------------|-------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |

I certify that the information provided by me is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

I hereby give my son/daughter _____ permission to participate in the _____ program, in the position of _____.

I will provide for my child's transportation needs as required and ensure that my son/daughter is in good health and capable of fulfilling the responsibilities relative to the position.

Parent / Guardian –Please Print

Parent / Guardian Signature

Date