



TOWN OF HUDSON

Recreation Department



12 Lions Ave • Hudson, New Hampshire 03051 • Tel: 603-880-1600 • Fax: 603-594-4264

APPLICATION FOR EMPLOYMENT SUMMER RECREATION COUNSELOR-IN-TRAINING

Name _____ Email _____ Phone _____

Address _____

Age _____ DOB _____ ANTICIPATED GRADUATION _____

Why are you seeking a position with the Hudson Recreation Department?

Briefly list any background experience you have which demonstrates your leadership and organizational skills.

What sport(s) do you feel qualified to teach?

Briefly list any experience you have in the area of arts-n-crafts.

Briefly list any background experiences you have in working with children.

If hired, what do you feel you can offer to our program? How might our program benefit from your addition to our staff?

Please list the names of two people who can attest to your character.

Name & Phone _____ Name & Phone _____

Please list possible dates and times that you can be interviewed.

Thank you for your interest in the Hudson Recreation Department.

Please mail this form to: Hudson Recreation Department
12 Lions Ave
Hudson, NH 03051

or email Chrissy @ cpeterson@hudsonnh.gov