

Application Deadline is 3/30/24



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) or activities are you able to teach?

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 note that CIT's are required to be sixteen years old. In addition, if the applicant was a former participant in our program, they are not eligible unless they have been out of the program for a minimum of two summers.

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

Name & Phone _____ Name & Phone _____

Thank you for your interest in the Hudson Recreation Department.

Please email this form to: Hudson Recreation Director, Chrissy Peterson
@ cpeterson@hudsonnh.gov