

**HAWTHORNE VALLEY FARM VISITING STUDENTS PROGRAM
SUMMER AT HAWTHORNE VALLEY FARM CAMP**

EMPLOYMENT APPLICATION

NAME: _____

ADDRESS: _____

_____ ZIP: _____

TELEPHONE:

HOME: _____ Best Time to be reached _____

WORK: _____ Best Time to be Reached _____

E-Mail Address _____

CHOICE OF SEASON: (Check all interests)

INTERNSHIP: _____ FALL – early September to Thanksgiving

_____ SPRING – Mid – January to First week in June

HOUSE CAMP COUNSELOR: _____ SUMMER: 6/28 to 8/15 (check interest)

Room Group _____ Games _____ Arts & Crafts _____ Counselor in Training _____

FIELD CAMP DIRECTOR _____ Start date varies – 8/15 **FC COUNSELOR** _____ 6/21-8/15

NURSE/HOUSE PARENT: _____ 6/21 – 8/15

ASSISTANT COOK: _____ SUMMER: 6/21 – 8/15

EDUCATION: NAME & ADDRESS GRADUATED (year)

High School _____

College or _____

University _____

Major or
Concentration _____

Other Schools or Special courses: _____

Related interest, hobbies skills, and certifications: _____

WORK AND VOLUNTEER EXPERIENCE:

Please complete the following or enclose a current resume.

Position: _____ Date: From _____ to _____
Employer: _____
Address: _____
Duties: _____

Position: _____ Date: From _____ to _____
Employer: _____
Address: _____
Duties: _____

Position: _____ Date: From _____ to _____
Employer: _____
Address: _____
Duties: _____

Please attach a separate sheet as needed.

WHAT ARE YOUR CAREER GOALS AS YOU SEE THEM NOW?

HOW DO YOU THINK YOU MIGHT BENEFIT FROM THIS PROGRAM AT HAWTHORNE VALLEY FARM?

Please return this form to the address below with a cover letter, your resume and the names, addresses & telephone numbers of three work references, preferably employers who have seen you working with children.

Your Signature _____ Date _____

HAWTHORNE VALLEY FARM-Main House, 327 Rt 21C, Ghent, NY 12075
vsp@taconic.net, www.vspcamp.com (518) 672-4790 Fax: (518) 672-7608