

SPECIAL SKILLS

(include sports, community and recreation work, etc.)

What skills/experience do you have that would assist you in working with children:

Do you hold current CPR or first aid certificates? ___ Yes ___ No

If yes, please list: _____

What contribution do you think you can make at a camp?

REFERENCES

Provide the names, addresses and the telephone numbers of three (3) people who can provide detailed information. Your signature on this application form authorizes Hudson Valley Community College to contact these references regarding your professional background and capabilities in relation to the position you are seeking.

1. _____

Name	Address	Phone Number
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2. _____

Name	Address	Phone Number
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3. _____

Name	Address	Phone Number
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To the best of my knowledge, the information herein provided is accurate in all particulars.

Signature: _____

Date: _____

Please return this completed application to:

Hudson Valley Community College
Office of Community & Professional Education
80 Vandenberg Avenue, Troy, NY 12180
Email: communityed@hvcc.edu
Phone: 518-629-7339 Fax: 518-629-8103

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