



Department of Youth, Sport & Recreation

APPLICATION FOR SUMMER DAY CAMP EMPLOYMENT

All sections must be completed in applicant's own handwriting.  
Previous employment with the Department of Youth, Sport and Recreation will not guarantee future employment.

POSITION APPLIED FOR:

Supervisor  Assistant Supervisor  Coordinators- Dance/Sport/Art  Specialist – Dance/Sport/Art\*  Para-educators\*  Counsellors\*  Jr. Counsellors (born by 2001)  Custodians

\*College and University age students studying Education or a Human Services Field only

PERSONAL DETAILS: Mr.  Miss.  Mrs.  Ms.

Name: \_\_\_\_\_  
Surname First Middle

Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Social Ins. #: \_\_\_\_\_  
Day Month Year (18yrs & older)

Address: \_\_\_\_\_  
Apt/House No: Street Name Parish Postal Code

Mailing Address: \_\_\_\_\_  
PO Box Parish Postal Code

Telephone No: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Person to be notified in case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_  
Apt/House No: Street Name Parish Postal Code

Telephone No: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

ARE YOU BERMUDIAN? YES  NO

If No, please state nationality: \_\_\_\_\_

- a) Were you born in Bermuda? ..... Yes  No
- b) Are you the spouse of a Bermudian? Yes  No
- c) Do you have a permit to seek employment? Yes  No



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CPR and FIRST AID:

NOTE: Valid CPR and FIRST AID certification is a requirement for employment with the Summer Day Camp Programmes. A copy of the CPR and FIRST AID certification must be presented with the application form.

- Do you have a valid CPR certification? Yes  No  Expire Date .....
- Do you have a valid FIRST AID certification? Yes  No  Expire Date .....

EDUCATION: (TO BE COMPLETED BY APPLICANT IN FULL) Please print.

NOTE: The Summer Day Camp office must be provided with copies of all stated qualifications.

Schools, Colleges, Universities Attended	Subject Major	Full/Part Time	Graduation Date

TRAINING AND/OR DEVELOPMENT:

Please list here any additional courses, workshops etc., undertaken in the last five (5) years that are relevant to the position applied for – in particular: sport, recreation, swimming/lifeguard, computers, first aid, arts and craft, physical education and games, child care/development, dance, etc.

Organizing Body Name and Address	Full/Part Time	Date Attended



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EMPLOYMENT (Please state if you have worked with the Department before.):

Name and Address of Employer	Position Held	Dates	Reason for Leaving

GENERAL:

1. During the last two years, how much time have you lost from work or school because of illness? \_\_\_\_\_

Have you ever suffered from any physical or nervous trouble? Yes  No

If "Yes" please state illness and give details of any periods spent in the hospital. \_\_\_\_\_

Are you presently under a doctor's care or have any physical defects which may preclude you from certain kinds of work? Yes  No

Have you ever been discharged, or resigned from employment? Yes  No

Was your conduct satisfactory? Yes  No

Was your work satisfactory? Yes  No

Have you ever been convicted by any court of law? Yes  No

If "Yes" please give details. \_\_\_\_\_

Will you require GEHI (Government Health Insurance) coverage if you are successful?

a) Yes

b) No  please list the name of the person and Insurance Company with whom you are insured under (i.e. Parent or spouse) \_\_\_\_\_

