

Mayfield Village Civic Center

6622 Wilson Mills Road Mayfield Village, Ohio 44143

PH: 440.461.5163 Fax: 440.461.2231

2025 CAMP EMPLOYMENT APPLICATION

(Must be 16 years or older by 6/9/2025)

First Name			Last Name		
Are you under the age 18?If so, please provide your birthday and age as of 6/9/25					
Permanent Address					
	(street)	(city)		(zip)	
Best Phone		Em	nail Address		
Education as of the end o	of June 2025:				
High School Grade Level	completed	or	Will Be Graduati	ng	
If attending college, nam	e of college and	year completed	d		
Camp Work/Volunteer E	xperience (pleas	se list camps)			
Certifications/TrainingCPR (exp. D	ate)	First Aid (exp. D	ate)	
Other					
Do you have specialized position? (if yes, please		ence in another	field which might h	ave a bearing on counselor	

Please list any planned absences:	
What contributions do you think you can r	make to this camp?
References (not related who you have know	vn for four years or more)
Name	Years Acquainted
Business	Phone
Name	Years Acquainted
Business	Phone
	on is true and complete, and I understand that if any false information, omissions, on may be rejected, and if I am employed, my employment may be terminated at
and compensation can be terminated, with or with	orm to Mayfield Village rules and regulations, and I agree that my employment out cause, and with or without notice, at any time, at either my or Mayfield ne terms and conditions of my employment may be changed, with or without layfield Village.
	nts, representatives, and its duly authorized employees to make any lawful y police or law enforcement agency, and all individuals connected therewith,
employment needs, we will contact you to schedule	ew by submitting an application. If we determine that you meet our e an interview. We will notify you immediately after we have fulfilled our o you can plan your Summer accordingly. Please be aware that some positions
Signature	Date