

## **TOWN OF MALTA**

## Malta Summer Recreation Employment Application 2025 Camp Malta Full Day Camp

Name			
Street Address	S		
Town	S	tate	Zip
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You must be g or in college to	ied For: Camp Malta Full going to be a be a senior in a apply for a counselor in ay, Jun3e 30, 2025- Friday	high school in Se the Camp Malta F	eptember 2025 Program.
PREVIOUS V	VORK EXPERIENCE		
Employer	Address	Phone	Supervisor
Position	When Employed	Reason for Leaving	
Employer	Address	Phone	Supervisor
Position	When Employed	Reason for Leaving	
Employer	Address	Phone	Supervisor
Position	When Employed	Reason for L	eaving
May we call o	r write the above supervise	or?	
REFERENCE	S		
Three reference	ces are necessary. Please f	fill in all the infor	mation completely.
Name	Address		Phone Position
1			
2			
3			
			pplication must accompany the
	y Application for Civil Ser		D.
ignature office Use: Date Apr	olication Received		Date Date of Interview
nnce use. Date Application Received			

## Dear Malta Summer Recreation Applicant:

Attached to this letter is an application for employment in the Camp Malta Program for the summer of 2025. The full day camp begins on Monday, June 30, 2025-Friday, August 22, 2025. The hours are from 8:45am-4:15pm with extended hours for AM and PM Care. Orientation dates are set for Tuesday, June 24, 2025 and Wednesday, June 25, 2025. Times to be announced later.

Please complete the attached forms and return to me at

Barbara Mazurak, Malta Youth Director David R. Meager Malta Community Center One Bayberry Drive Malta, New York 12020

When I receive the completed applications, I may contact you for an interview. Please make sure that the reference information is filled in correctly with the name, address, and telephone number of the people that you are using as your references.

If you have any questions, please contact me at (518) 899-4411.

Sincerely yours,

Barbara Mazurak Malta Youth Director