



Returning Staff Application

Please fill out all information clearly and completely.

Name:		Birthdate:	
Mailing Address:			
Street Address:		City, State, ZIP:	
Phone:	Cell:	Email:	
Position:		Would you prefer <input type="checkbox"/> Full time or <input type="checkbox"/> Part time work?	
Days and Times Available (example: Wednesdays after 3, Saturdays until 7, etc...) Please list all availability or any conflicts with season.			
Previous Wolfeboro Parks and Recreation Positions:			
CPR/First Aid Certification: YES / NO Lifeguard Certification: YES / NO WSI Certification: YES / NO Other Certification:		Expiration: Expiration: Expiration: Expiration:	
		T-Shirt Size:	

Please send the above information to:
parksadminassistant@wolfeboronh.us
 Wolfeboro Parks and Recreation
 PO Box 629, Wolfeboro, NH 03894
 603-569-5639