

Department of Parks, Recreation & Human Services
Alyssa Benway, Acting Director
Barbara Mazurak, Youth Director
Elyse Young, Artistic Theater Director



The David Meager
Malta Community Center

518-899-4411
Fax (518) 899-4448
E-mail: abenway@malta-town.org
One Bayberry Drive * Malta, NY 12020

Dear Camp Malta Applicant:

Attached to this letter is an application for employment in the Town of Malta Full Day Camp Malta Program. The camp begins on Monday, July 1, 2019 and continues until Friday, August 23, 2019. The basic hours are from 8:45am-4:15pm. Orientation dates are Tuesday, June 25, Wednesday, June 26 and Thursday, June 27 from 9:00am-1:00pm.

Please complete the attached forms and return to me at

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

When I receive the completed application, 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 for your references.

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

Sincerely yours,

A handwritten signature in cursive script that reads "Barbara Mazurak".

Barbara Mazurak

Malta Youth Director



DEPARTMENT OF PARKS,
RECREATION & HUMAN SERVICES

TOWN OF MALTA
Malta Summer Recreation Employment Application 2019
Camp Malta Full Day Camp

Name _____
Street Address _____
Town _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Email Address _____

Position Applied For: Camp Malta Full Day Program _____ 8:45am-4:15pm
You must have completed at least one year of college to apply for a counselor in the
Camp Malta Program. Dates: Monday, July 1, 2019 – Friday, August 23, 2019

PREVIOUS WORK EXPERIENCE

Employer	Address	Phone	Supervisor	Salary
Position	When Employed	Reason for Leaving		
Employer	Address	Phone	Supervisor	Salary
Position	When Employed	Reason for Leaving		
Employer	Address	Phone	Supervisor	Salary
Position	When Employed	Reason for Leaving		

May we call or write the above supervisor? _____

REFERENCES

Three references are necessary. Please fill in all the information completely.

Name	Address	Phone	Position
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

For employment in the Summer Recreation Program, this application must accompany the
Saratoga County Application for Civil Service.

Signature _____ Date _____
Office Use: Date Application Received _____ Date of Interview _____