

# **YORKTOWN PARKS & RECREATION**

## **2026 SUMMER DAY CAMP**

The Town of Yorktown Department of Parks & Recreation looks forward to providing Town residents with a variety of day camp programs to meet their needs. Our camps are designed so that campers can attend a full day or a half day of camp. Camp locations are coordinated with the local school districts. Currently, the **2026** camp sites have not been finalized.



All campers enjoy a daily schedule filled with different activities including art, sports, nature, entertainment and various special events. Full Day Campers will enjoy swimming as well. Camp staff are expected to accompany and engage campers in all activities, and will be required to accompany campers into the pool during swim sessions. Although camp is designed to be fun, working at camp is not a job for everyone. We have a very competitive process, and all applicants who submit their completed application and references by **Friday, May 8<sup>th</sup>, 2026** will be called in for an interview.

Please note, there is no camp program on Friday July 3rd, and prospective employees are required to commit to the full five (5) weeks of the Yorktown/Lakeland camp programs, or the four (4) weeks of Travel Camp.

### **APPLICATION PROCESS**

Applicants must include two (2) completed reference forms with application in order to be considered for an interview. Applicants must indicate position(s) desired on application and any appropriate experience to substantiate your interest. References will be verified. **Please monitor your email, as applicants will receive an email to schedule an interview upon receipt of completed application.** To ensure an opportunity to interview, please submit your completed application with two (2) references to the Yorktown Parks & Recreation Department at 1974 Commerce Street Room 122, Yorktown Heights, NY 10598 no later than **May 8, 2026**.

### **STAFF POSITIONS:**

#### **COUNSELORS, SPECIALISTS, DIRECTORS**

- These positions are paid positions based on background and experience.
- Half Day & Full Day Camp applicants must be 16 years of age by **June 29, 2026**.
- Travel Camp applicants must be 16 years of age and/or a high school graduate by **July 8, 2026**.

### **VOLUNTEER:**

#### **COUNSELOR-IN-TRAINING**

- Applicants must be 15 years of age by **June 29, 2026**.
- There are very limited CIT positions, and there are no CIT positions for Travel Camp.

### **ALTERNATIVE POSITIONS:**

The Recreation Department may also have positions available for Pool Checkers, Swim Lesson Aides, Photo Registration Staff, Parks and Lifeguard Staff.

### **CAMP PROGRAMS**

#### **Yorktown & Lakeland Camps: Half-Day Program**

Sites to be determined

**June 29, 2026 – July 31, 2026**

8:00am-12:15pm

Monday-Friday

Campers are entering Kindergarten through 5<sup>th</sup> grade  
Staff will also meet for a mandatory orientation in June

#### **Yorktown & Lakeland Camps: Full-Day Program**

Sites to be determined

**June 29, 2026 – July 31, 2026**

8:00am-3:15pm

Monday-Friday

Campers are entering 1<sup>st</sup> through 5<sup>th</sup> grade.  
Staff will also meet for a mandatory orientation in June



# TOWN OF YORKTOWN PARKS & RECREATION

## APPLICATION FOR SEASONAL EMPLOYMENT

COMPLETE APPLICATION AND REFERENCES AND RETURN ALL DOCUMENTS TO:  
YORKTOWN PARKS & RECREATION DEPARTMENT  
1974 COMMERCE ST. RM #122, YORKTOWN HEIGHTS, NY 10598

NAME LAST	FIRST	MIDDLE	DATE OF BIRTH:		
ADDRESS	CITY	STATE	ZIP HOME # CELL #		
CURRENT AGE:	Are you a Town of Yorktown Resident? ___ Yes ___ No		E-mail address:		
EDUCATION	Name & Location	Career/Major	Type of degree	Dates attended From/To	Date degree received or expected
HIGH SCHOOL					
COLLEGE OR POST HIGH SCHOOL					
GRADUATE SCHOOL					

### Certificates or Special Training:

### EMPLOYMENT HISTORY (Up to least 5 years)

NAME & ADDRESS OF EMPLOYER	FROM MO./YR	TO MO./YR.	KIND OF WORK OR POSITION	REASON FOR LEAVING

Do you have computer skills \_\_\_ Yes \_\_\_ No  
If yes, specify: \_\_\_\_\_

Can you operate any other equipment? \_\_\_ Yes \_\_\_ No  
If yes, specify: \_\_\_\_\_

In addition to English, are you fluent in any other language? \_\_\_ Yes \_\_\_ No. If yes, specify: \_\_\_\_\_

Have you worked for the Town of Yorktown before? \_\_\_ Yes \_\_\_ No. Department: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

### Check job preference applying for:

1. Day Camp: Director \_\_\_ Specialist \_\_\_ Counselor \_\_\_ CIT \_\_\_
2. Lifeguard \_\_\_ (see below)
3. Gate Attendant \_\_\_
4. Swim Aide \_\_\_
5. Park Maintenance \_\_\_
6. Program Staff \_\_\_

For Lifeguards Only

Check Below: (Indicate certification & expiration dates)

Lifeguard training/ First Aid <input type="checkbox"/>	Lifeguarding/ First Aid <input type="checkbox"/>	CPR/AED for the Professional Rescuer <input type="checkbox"/>	Instructor Certifications LGI R. 06 <input type="checkbox"/> WSI R. 06 <input type="checkbox"/> CPR/AED <input type="checkbox"/>	Waterfront or Waterfront Lifeguarding <input type="checkbox"/>	Headguard or Lifeguard Management <input type="checkbox"/>
EXPIRES _____	EXPIRES _____	EXPIRES _____	EXPIRES _____	EXPIRES _____	ISSUE DATE _____

ALL LIFEGUARD APPLICANTS MUST PARTICIPATE IN THE RECREATION DEPARTMENT WATER SKILLS TEST.  
THE DATE WILL BE ANNOUNCED IN THE SPRING AND WILL TAKE PLACE AT ONE OF THE MIDDLE SCHOOL POOLS.

FOR ALL APPLICANTS: Dates available to work From _____ / _____ To _____ / _____ Month Day Month Day	Do you have a Driver's license? ___ Yes ___ No Type _____
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**TOWN OF YORKTOWN PARKS AND RECREATION**  
**APPLICATION FOR SEASONAL EMPLOYMENT**  
The Town of Yorktown is an Equal Opportunity Employer.

Where did you hear about this program/job?

Comments: \_\_\_\_\_

1. WHERE YOU EVER DISMISSED OR DISCHARGED FROM ANY EMPLOYMENT FOR REASON OTHER THAN LACK OF WORK OR FUNDS? YES  NO
2. DID YOU EVER RESIGN FROM ANY EMPLOYMENT RATHER THAN FACE DISMISSAL? YES  NO
3. DID YOU EVER RECEIVE A DISCHARGE FROM THE ARMED FORCES OF THE US WHICH WAS OTHER THAN HONORABLE, OR WHICH WAS ISSUED FOR OTHER THAN HONORABLE CIRCUMSTANCES? YES  NO
4. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (MISDEMEANOR OR FELONY)? (GIVE DETAILS) \_\_\_\_\_ YES  NO
5. HAVE YOU EVER FORFEITED A BAIL BOND POSTED TO ANSWER ANY CRIMINAL CHARGE? (GIVE DETAILS) \_\_\_\_\_ YES  NO
6. ARE YOU NOW UNDER ANY CHARGES FOR ANY CRIMINAL OFFENSE (MISDEMEANOR OR FELONY)? (GIVE DETAILS) \_\_\_\_\_ YES  NO

**IF YOU ANSWERED "YES" TO ANY QUESTIONS ABOVE YOU MUST PROVIDE AN EXPLANATION ON AN ATTACHED PIECE OF 8 1/2" X 11" PAPER.** None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which applying.

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION AND CRIMINAL RECORDS CHECK.**

**THIS AFFIRMATION MUST BE COMPLETED:** I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury, (Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification.) This application may be used for review by the prospective appointing authority as part of a background investigation.

**PURSUANT TO 210.45 OF THE NEW YORK STATE PENAL LAW, IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HERIN.**

**For employment:** In accordance with the Town of Yorktown's comprehensive drug-free workplace policy & procedures, and commitment to maintain a safe, alcohol and drug-free environment, you may be required to submit to urinalysis, breath and/or blood test.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*IF UNDER AGE 18, SIGNATURE OF A PARENT OF GUARDIAN IS REQUIRED.**

\*I have read my child's/ward's completed application form and hereby give my permission for him/her to be hired by the Town of Yorktown for the purpose of Seasonal Employment and I further give my permission for him/her to receive medical treatment if necessary. If at any time I revoke this permission, I will do so in writing to the Yorktown Department of Human Resources, and upon receipt by the Department of Human Resources of said revocation my child's/ward's employment shall be terminated.

By my signature below, I hereby give permission for \_\_\_\_\_ to submit urinalysis, breath and/or blood test as a condition of Seasonal Employment with the Town of Yorktown in accordance with the Town of Yorktown's comprehensive drug-free workplace policy and procedures.

**SIGNATURE OF PARENT OF GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# **YORKTOWN PARKS & RECREATION DEPARTMENT**

1974 Commerce St. Room#122, Yorktown Heights, NY 10598

Personal reference for: \_\_\_\_\_

The above individual is applying for a \_\_\_\_\_ position with the Town of Yorktown Parks & Recreation Department. Your name has been listed as a reference. Please indicate your feelings regarding this individual in relation to his/her potential performance as a summer camp staff member by completing the information below. All references will be kept confidential. Please return to the above address ASAP.

Thank you for your assistance.

Sincerely,

*Marissa Lieto*

Assistant Superintendent Parks & Recreation

	<b>Needs Improvement</b>	<b>Satisfactory</b>	<b>Superior</b>	<b>No opinion</b>
Ability to accept responsibility				
Ability to work with others				
Leadership				
Ability to take initiative				
Judgment				
Trustworthiness				
Ability to follow directive				
Commitment				

How long and in what capacity/relationship have you known the applicant? \_\_\_\_\_

Do you recommend this person for hire? \_\_\_\_\_ YES OR NO \_\_\_\_\_

Additional comments: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONS TO APPLICANT (NO RELATIVES) \_\_\_\_\_

## **OFFICE USE ONLY**

Reference Check Completed: \_\_\_\_\_

DATE

SIGNATURE

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Commitment				

How long and in what capacity/relationship have you known the applicant? \_\_\_\_\_

Do you recommend this person for hire? \_\_\_\_\_ YES OR NO \_\_\_\_\_

Additional comments: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONS TO APPLICANT (NO RELATIVES) \_\_\_\_\_

## **OFFICE USE ONLY**

Reference Check Completed: \_\_\_\_\_

DATE

SIGNATURE