

Application Deadline is 3/30/25



TOWN OF HUDSON

Recreation Department



12 Lions Ave • Hudson, New Hampshire 03051 • Tel: 603-880-1600 • Fax: 603-594-4264

APPLICATION FOR EMPLOYMENT – SUMMER RECREATION COUNSELOR

Name _____ Email _____ Phone _____

Address _____

Degree Held (or working towards) _____ Institution _____ Major _____

Type of employment desired: _____ Full Time (full 8 weeks) _____ Substitute (part-time) _____

Why are you seeking a position with the Hudson Recreation Summer Department.

Briefly list any background experience you have which demonstrates your leadership and organizational skills.

Briefly list any background experiences you have in working with children.

If hired, what do you feel you can offer to our program? How might our program benefit from your addition to our staff?

Please list the names of two people who can attest to your character.

Name & Phone _____ Name & Phone _____

To be considered as a fulltime counselor applicants must be able to commit to a minimum of seven of the eight-week program and must be 17 years or older. Case by case exceptions will be considered by the Recreation Director.

This is a seasonal position.

Thank you for your interest in the Hudson Recreation Department.

Please email this form to: Hudson Recreation Director, Chrissy Peterson
@ cpeterson@hudsonnh.gov