

JOB MART

SPRING/SUMMER POSITIONS

DIVISION OF RECREATION Daisy Recreation Program

Specialists:

Home Economics Dance/Exercise/Aerobics Music
Arts and Crafts Karate Nature
Sports Outdoor Ed. & Camping Pottery/Ceramics

Division Leaders

Counselors

Junior Counselors

C.I.T.s (non-salaried)

Bus/Van Drivers (with passenger CDL endorsement)

Children's Theater

Musical Accompanist

Pianist

Recreation Miscellaneous

Instructors: Arts & Crafts, Cheerleading, CPR/First Aid, Fitness, Music
Chaperones Site Supervisors

Gymnasium Coordinator

Recreation Intern

Outdoor Adventure Leaders

Cooking Assistant

Friday Nite Live

Counselors

Safety Supervisors

Bus/Van Drivers (with passenger CDL endorsement)

Day Camps (Half & Full Day)

Site Directors

Games/Activities Specialists

Arts & Crafts Specialists

Counselors (16 yrs. old before June 19, 2006)

Summer Scene (Half & Full Day)

Site Directors Specialists (Counselors) Games/Activities Specialists
(18 years or older)

CALL 732-390-6797 TO SCHEDULE AN INTERVIEW FOR
DAY CAMP/SUMMER SCENE STAFF POSITIONS

DATES: March 2, 9, 16, 22, 29, 4:00-7:00 p.m.

April 5, 13, 19, 28, 4:00-7:00 p.m.

May 3, 12, 18, 26, 4:00-7:00 p.m.

DIVISION OF PARKS

Park Aides

School Age Child Care Program

(SACC—Call 732-390-6825 for information)

Site Supervisors

Specialists - Aerobics

Asst. Site Supervisors

Substitute Site Aides

Site Aides

High School Site Aides (16 yrs. old and older; must be a Junior or Senior)

Child care positions from 3-6 p.m. daily through June 21

Crystal Springs

Family Aquatic Center

(Call 732-390-6981 for information)

Guest Relations Supervisor

Cashiers

Maintenance Staff

Water Attendant (15 yrs. old)

Maintenance Crew Leader

Maintenance Attendant (15 yrs. old)

Lifeguards (Community CPR & N.P.W.L.P. license required)

How to Apply

Call the Division of Recreation, 732-390-6797 (Voice/TTY), or the Division of Parks at 732-390-6981, for more information. If you are interested in any of the above positions, you must fill out an employment application at the Human Resources Office located in the Municipal Building, 1 Jean Walling Civic Center, East Brunswick, NJ 08816.

CRYSTAL SPRINGS FAMILY AQUATIC CENTER REGISTRATION FORM ONLY

Please make checks payable to East Brunswick Township—Aquatic Center. Mail to: 334 Dunhams Corner Road, East Brunswick, NJ 08816

Applicant Information:

New Member Renewal

Last Name _____

Address _____

City _____

State _____

Zip _____

Telephone (Home) _____

(Emergency/Cell) _____

Driver's License # _____

Membership Type: Family

Individual

Senior Citizen

ALL INFORMATION MUST BE COMPLETE OR RENEWAL OF MEMBERSHIP WILL BE DELAYED

First Name

Birthdate

Sex

1. _____

2. _____

3. _____

4. _____

5. _____

FOR OFFICE USE ONLY

Ck # _____ Amount _____

Ck # _____ Amount _____

Ck # _____ Amount _____

SANDPIPERS: Please circle the name of Sandpiper registrant and submit separate checks per registrant.

Please submit proof of Township residency (i.e., photocopy of driver's license front & back, etc.) and copy of birth certificate for children's ages. If you were a member in 2005, birth certificates are **not** required. I attest that all the information I have provided is true. I understand that falsification of information may result in loss of membership and fee.

Name (signature) _____

Date _____

Check one box below if you are requesting a Guest Card with your membership (**three cards maximum**)

Guest Card: Family \$36.00 (Code 53950-00) Qty. _____

Individual \$18.00 (Code 53960-00) Qty. _____

ACTIVITY REGISTRATION FORM

Recreation Instructional Programs and Trips Only (p.10-30)

REQUIRED – PROOF OF AGE

Please include a copy of child's birth certificate or other legal documentation verifying age. Proof of age is required for first time registrants.

REQUIRED – PROOF OF RESIDENCY

Must be submitted every time you register for a recreation program, even if this information has been provided in the past.

USE ONE REGISTRATION FORM PER HOUSEHOLD

Every participant you register on this form **MUST** reside at the same household; if different, use another form
If required information is not submitted, your registration will be returned

HOUSEHOLD INFORMATION

Who should complete this section?

- A Parent/Guardian registering a child(ren) for an instructional or YAK program
- A Parent/Guardian registering a family for a trip
- An Adult Participant registering for a program or trip

	MOTHER/GUARDIAN/ADULT PARTICIPANT (circle one)	FATHER/GUARDIAN/ADULT PARTICIPANT (circle one)
Name (First & Last)		
Relationship to Participant		
Address		
City, State, Zip		
Home Phone		
Work Phone		
Cell Phone		
Email		

Has your address changed since last registration? Yes No Are you an East Brunswick resident? Yes No
 With whom does the participant reside? _____

PARTICIPANT INFORMATION

Participant's Name		Grade in	Birthdate	Sex	Program/Activity Name	Program Code	Start Mo/Day	Fees
First	Last	Sept. '06	M / D / Y					
			/ /				/	
			/ /				/	
			/ /				/	
			/ /				/	
			/ /				/	

This form does not guarantee a spot in the program desired. Registration is first come, first served.

TOTAL FEES \$ _____

Form of Payment: Cash (do not mail cash)

Check (separate checks for each program and participant) payable to Twp. of East Brunswick

WAIVER FOR PARTICIPANT AND/BY PARENT

In consideration of your accepting my or my child's entry, I hereby, for myself, my child, our heirs, executors, and administrators, waive and release any and all rights and claims for damages I or my child may have against the Township of East Brunswick and its representatives, officers, employees, agents, successors and assigns for any and all injuries suffered by myself or my child on any activity sponsored by these groups. I do hereby grant and give these groups the right to use my or my child's photograph or image with or without my or my child's name both single and in conjunction with other persons or objects for any and all purposes including, but not limited to private or public presentations, advertising, publicity and promotion relating thereto. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the Township of East Brunswick harmless of and from any and all liability of whatever nature which may arise out of result from such uses. For the consideration stated above, I further agree that in the event that my child repudiates or attempts to repudiate such release, I will personally indemnify and save harmless the Township of East Brunswick, its successors and assigns, for any and all loss and damage occasioned thereby.

Signature _____ Date _____ My relationship to participant(s): Parent Guardian Participant

Mail to: Div. of Recreation, 350 Dunhams Corner Road, East Brunswick, NJ 08816-2656
 Call 732-390-6797 • www.eastbrunswick.org