

Please drop off your application at the Scituate Town Hall at 195 Danielson Pike c/o the Scituate Recreation Department by **Friday, May 31st**.

If hired, you will be notified by **Saturday, June 8th** and you **MUST** attend a mandatory counselor meeting on **Monday, June 17th** at **4:00 p.m.** at Hope Pond-The Barn. You **MUST** bring the following completed forms with you to the meeting:

1. W-4 Form [2024 Form W-4 \(irs.gov\)](https://www.irs.gov/forms-w4)
2. I-9 Form <https://www.uscis.gov/sites/default/files/document/forms/i-9.pdf>
3. Direct Deposit Form
<https://efoms.com/download/2017/03/adp-employee-direct-deposit-form.pdf>
4. Photocopy of Birth Certificate
5. Photocopy of ID
6. Medical Form (Please see attached form.)
7. Staff Rules and Regulations Sheet (Please see attached form.)

If you have any questions and/or concerns, please contact the recreation director, Mr. David Pannone, at 401-265-8949.

**Scituate Recreation Department
Summer Program
Medical Information/Authorization Form**

Name: _____
First Middle Last

Address: _____
Street Town/City State Zip

Age: _____ **Date of Birth:** _____ **Contact Phone #:** _____

Name of Parent/Legal Guardian: _____

Contact Phone #1: _____ **Contact Phone #2:** _____

In consideration of admittance, I _____ hereby authorize the Scituate Recreation Department to arrange for medical treatment for my child, _____ should an emergency arise. I understand that the program director will make a conscience effort to contact me at the emergency numbers that I have provided below before any medical action is taken. I would prefer to have my child, if the need arises, taken to _____ Hospital.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Information:
Relation to Child: _____
Cell Phone #: _____
Work Phone #: _____

Parent/Legal Guardian Information:
Relation to Child: _____
Cell Phone #: _____
Work Phone #: _____

Relatives/Other Individuals that the director may contact in an emergency:

Name: _____ Relation: _____ Contact #: _____

Name: _____ Relation: _____ Contact #: _____

Name: _____ Relation: _____ Contact #: _____

Is there a medical condition(s) (e.g., allergies, medications, seizures, etc.) and/or other medical information which should be brought to the attention of the program director?
___ Yes ___ No

If yes, please specify below:

Parent/Legal Guardian Signature

Date

**Scituate Recreation Department
Summer Program
Staff Rules and Regulations**

The following rules and regulations are in place to have a recreation program that is a positive and rewarding and safe experience for **ALL**.

1. The use of insensitive and disrespectful language, profanity, inappropriate jokes, sharing intimate details of one's personal life and any kind of bullying and /or harassment is **PROHIBITED**.
2. Staff will **NOT** engage in and/or permit excessive "horseplay" and/or physical "rough housing" with campers and/or other staff members.
3. Staff will **NOT** make threats and/or administer physical punishment to campers and/or other staff members.
4. Staff will **RESPECT** children's rights to not be touched and/or looked on areas of their bodies though would be covered by a swimsuit.
5. Staff will **NOT** be permitted to take photographs, videos, audio-record, etc. any campers and/or other staff members for any reason.
6. Staff will **ALWAYS** refrain from intimate displays of affection towards other staff members.
7. Staff will **NOT** be under the influence of and/or in possession of any alcohol, drugs, tobacco products, vaping products, etc. at any time of employment.
8. Staff **MUST** stay with all campers in their grade level groups always unless otherwise assigned by the program director(s).
9. Staff will **NOT** leave the premises of the work area, including the parking lot, for any reason.
10. Staff will **NOT** be allowed to have any visitors during working hours.
11. Staff **MUST** bring a lunch to work and will **NOT** be allowed to have a lunch/drink delivered to you during working hours.
12. Staff will **NOT** be allowed to bring playing cards, fishing poles, etc. to the work.
13. Staff will **NOT** be permitted to destruct and/or vandalize any property of the Scituate Recreation Department and/or Hope Pond.
14. Staff **MUST** assist with the clean-up of equipment and the working grounds.
15. Staff will **NOT** be allowed to use any form of electronic devices (e.g., cell phones, iPads, iPods, etc. when interacting with campers for any reason. If a staff member has an emergency and/or personal situation requiring contact with parents, he/she should ask permission from the program director(s) in advance.

Staff Dress Code

1. Staff **MUST** wear a T-shirt provided by the Scituate Recreation Department on a field trip and it may **NOT** be cut, mutilated, and/or modified in any way.
2. Staff will **NOT** wear clothing and/or hats/caps that advertise alcohol, drugs, tobacco products, vaping products, sexual connotations, and/or anything offensive.
3. Shorts **MUST** be an appropriate length for staff when working at the recreation program.
4. Sneakers and/or closed toed footwear **MUST** be worn by staff except for lifeguards.
5. Lifeguards **MUST** wear:
 - Lifeguard T-shirt and whistle provided by the Scituate Recreation Department
 - Ladies-one-piece standard lifeguard swimsuit
 - Gentleman-standard lifeguard shorts

Work Hours

Head Counselors and Lifeguards

8:45 a.m.-4:00 p.m.

Counselors

AM Session-8:45 a.m.-12:30 p.m.

PM Session-12:15 p.m.-4:00 p.m.

Absence/Tardiness

In the event of an unavoidable absence from work, please call/text the program director Wanda at 401-330-7967 by 8:00 a.m. on the day of absence so that there will be coverage for your position.

Time-Off

If you need time-off from work for any reason (e.g., appointment, vacation, etc.), please let the program director know at least two days in advance for an appointment and at least one week in advance for a vacation so that there will be coverage for your position. You will **NOT** be given time off if asked on the same day as needed.

No Call/No Show

If you miss work and **DO NOT** call/text the program director-Wanda at 401-330-7967, you will **NOT** be allowed to work the day after the "No Call/No Show" event.

Consequences

Any/All the following actions may be taken for non-compliance of the rules and regulations of the Scituate Recreation Department Summer Program:

1. A warning will be given by the program director for non-compliance of the rules and regulations for the first offense.
2. A conference with the program director for the second offense.
3. Suspension and/or dismissal for the third offense.
4. Severity of the offense may lead to immediate dismissal.

1st Offense: _____

Date: _____ Program Director Signature: _____

2nd Offense: _____

Date: _____ Program Director Signature: _____

3rd Offense: _____

Date: _____ Program Director Signature: _____

As a counselor/lifeguard for the Scituate Recreation Department Summer Program, I agree to comply with the rules and regulations listed, comply with the dress code listed, other working criteria, and demonstrate appropriate work behaviors as put forth by the Scituate Recreation Department.

Counselor/Lifeguard Signature

Date

I agree to permit my child to participate as a counselor/lifeguard for the Scituate Recreation Department Summer Program under the direction of the program director and the recreation director. I understand that I will be notified by the program director at the time of any violation of these rules and regulations and that my child may be dismissed at that time. *

Parent/Legal Guardian Signature

Date

*A parent/legal guardian signature is required if counselor/lifeguard is under the age of 18-years-old.