

OAKFIELD-ALABAMA YOUTH RECREATION PROGRAM

APPLICATION - RECREATION AIDE

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

AGE _____ **BIRTH DATE** _____

EDUCATION

NAME OF SCHOOL _____

YEAR IN SCHOOL _____

EXPERIENCE _____

(Please list special training

Ex. Red Cross Lifesaving, etc.

REFERENCES: _____

Are you able to commit to all 6 weeks? Yes ____ **No** ____

Date:

Signature of Applicant