

MINERVA YOUTH COMMISSION ◆ 2019 ◆

TOWN OF MINERVA
MINERVA, NEW YORK 12851

APPLICATION FOR SUMMER YOUTH PROGRAM PLEASE PRINT OR TYPE

Date: / /2019

Name:		Date of Birth:	/ /
Address:		Social Security #	- -
City:		Phone:	
State:		Zip Code:	

Position for which applying:

Alternate Acceptable Position:

Education (*Last Grade Completed*):

Special Training

Indicate courses completed with "X" along with copies of Valid Cards and expiration dates.

Life Saving			First Aid		
Hold	Date of Issue	Date of Expiration	Hold	Date of Issue	Date of Expiration
◆ Water Safety Instructor			◆ EMT		
◆ Life Guard Training			◆ Standard First Aid		
◆ Lifeguard Training Instructor			◆ Community CPR		
◆ Basic Water Safety			◆ BLS - CPR - FPR		
◆ Responding to Emergency					

Please return application no Later than APRIL 12, 2019:

(mail or drop off to one of the following address below)

Office of the Supervisor
Stephen McNally
P.O. Box 937
Minerva, New York 12851