

# Marinwood Community Services District - After School Program Application -

775 Miller Creek Rd, San Rafael, CA 94903

Phone: (415) 479-0775 www.marinwood.org Fax: (415) 479-7759

**\*\*APPLICATIONS MUST BE RETURNED OR MAILED IN BY THE APPLICANT\*\***

*Incomplete applications or applications with missing documents will not be accepted. A completed application does not guarantee an internship with the Marinwood Community Services District, but may qualify you for an interview.*

**Return your application to:**

Marinwood Community Center  
Attn: Robyn Bruton  
775 Miller Creek Rd, San Rafael CA 94903  
(415) 479-0775 phone / (415) 479-7759 fax

**Questions?**

Contact Robyn Bruton– Asst. Recreation Director  
Phone: (415) 479-0775  
email: [rbruton@marinwood.org](mailto:rbruton@marinwood.org)

**Marinwood Community Center office hours:**

Monday – Friday, 9am-5pm

Position Applying For: After School Counselor

After School Director

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Permanent Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Temporary or school address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Last date at this address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License # and State: \_\_\_\_\_

Have you worked for the Marinwood Community Services District before? \_\_\_\_\_

If so, what position & what dates? \_\_\_\_\_

How did you hear about the job? \_\_\_\_\_

What date can you start work? \_\_\_\_\_



# Certifications / History / References - Page 3

**Certifications:** Please list any certifications you hold that are job-related or are required for the job.

Title	Date Issued	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Employment / Volunteer History:** Please list any job-related voluntary or paid employment experience. Begin with your present or most recent position. Use additional sheets if necessary. You may submit a resume or other supporting documentation, but that does not substitute for completion of this section. **Do not write "see resume" in the "Duties" box. Present or past employers / supervisors may be contacted.**

From: Mo./Yr.	To: Mo./Yr.	Employer	Job Title
Total Yrs./Mos.	Hours per week	Street Address	City Supervisors Name/Phone
Salary: \$		Duties:	
Reason for Leaving:			

From: Mo./Yr.	To: Mo./Yr.	Employer	Job Title
Total Yrs./Mos.	Hours per week	Street Address	City Supervisors Name/Phone
Salary: \$		Duties:	
Reason for Leaving:			

From: Mo./Yr.	To: Mo./Yr.	Employer	Job Title
Total Yrs./Mos.	Hours per week	Street Address	City Supervisors Name/Phone
Salary: \$		Duties:	
Reason for Leaving:			

**References:** Please list three (3) non-related individuals that we may contact.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

# Page 4 – Applicant Signature



I have read the above and fully understand its terms and my commitment to the Marinwood Community Services District – After School Program Counselor position, and sign it freely and voluntarily.

**Please attach a resume to this application.**

**CERTIFICATE OF APPLICANT** – I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements will subject me to disqualification or dismissal. I authorize Marinwood CSD to investigate my qualification, employment record or character through inquiries to any sources mentioned in the application, unless otherwise stated.

X \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed