

YORK TOWNSHIP

APPLICATION SUPPLEMENT FOR RECREATION POSITIONS

(Please Print)

NAME: _____

DATE: _____

Please indicate your experience with the following activities by writing down the number that you feel best describes your level of experience.

1—Have previously taught this activity

2—Have previously participated in and could teach this activity

3—Have previously participated in, but could not teach this activity

4—Have never participated in this activity

ACTIVITIES & LEVEL OF EXPERIENCE

Arts and Crafts _____

Badminton _____

Baseball _____

Basketball _____

Bicycling _____

Board Games _____

Bocce _____

Card Games _____

Field Hockey _____

Football _____

Frisbee _____

Gymnastics _____

Horseshoes _____

Music _____

Ping Pong _____

Playground Games _____

Puppetry _____

Racquetball _____

Shuffleboard _____

Soccer _____

Square Dancing _____

Storytelling _____

Swimming _____

Table Games _____

Tennis _____

Track & Field _____

Volleyball _____

Wrestling _____

*Other: _____

*Other: _____

*Other: _____

*For Other, please list activity and then number.