

## **2024 Office Coordinator Application**

Please include a current resume with your application. It should detail education history, all current certifications (or relevant expired certifications), and related jobs, skills or experiences.

Name:	Pronouns:
Current/Sch	nool Address:
City/State/Z	Zip:
Permanent	Address:
	Zip:
	ll)(Other)
Is there any supervision	fact or circumstance involving you or your background that would call into question your being entrusted with the guidance, and care of young people? Yes No
	der 18 years of age? Yes No
	e a current CPR/First Aid Card?YesNo
Have you ev	ver applied to CSC before? Yes No If yes, when?
	Desired- (Please note that this application is only for Office Coordinators, if applying to more than 1 position pleas corresponding application)
A. I	Full Time (≥ 64+ hrs/2 week period) Part Time (< 32 hrs/wk)
В. І	Dates available for work: (Please check all that apply and provide additional info. below)
	a. Spring Season (5/29 – 6/11) (Limited hours may apply)
Details:	b. Summer Season (6/12 – 9/4) c. Fall Season (9/5 – 10/9) (Limited hours may apply)

C. Dates/Days not available for work (please be specific, keep in mind that this is a seasonal position and staff are expected to work 5-6 days a week. Requesting more than 2 days off in a row will be unacceptable except in extreme circumstances):

2. What is your customer service experience? Do you have experience interacting with customers on the phone and in person?
3. Describe a time when you made a professional mistake and how you handled the situation and learned from it.
4. How are you at handling a fast-paced environment? What tools do you use for success?
5. Describe an experience working in a team environment and how you contributed to the success (or not) of the group.
6. Do you have experience in or with: (check all that apply and continue on back as necessary)  Office organization and maintenance (data entry, organization, etc.)  Explain:
Specific Computer Software (Word, Excel, Google Drive, Database management etc.)  Explain:
Handling money and/or Point of Sale System (cash, credit cards, etc.)  Explain:
Problem Solving(professionally or academically)  Explain:
Sailing, boats, or outdoor recreation  Explain:

D. Weekly availability (Daytime, Evenings, Weekends, etc.)

ompany Name & Supervisor	Dates	Job	Reason for Leaving	
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		? Yesr present employer?	No YesNo	
B. If so, may we	e inquire of you	r present employer?		
B. If so, may we	e inquire of you erences that we	r present employer?	Yes Not one employer required:	Email
B. If so, may we	e inquire of you erences that we	r present employer? may contact, at leas	Yes Not one employer required:	
B. If so, may we	e inquire of you erences that we	r present employer? may contact, at leas	Yes Not one employer required:	
B. If so, may we	e inquire of you erences that we	r present employer? may contact, at leas	Yes Not one employer required:	
B. If so, may we	e inquire of you erences that we	r present employer? may contact, at leas	Yes Not one employer required:	
B. If so, may we	e inquire of you	r present employer? may contact, at leas: Relationship	Yes Not one employer required:	
B. If so, may we st 2 professional reference Name	erences that we	r present employer? may contact, at leas: Relationship	Yes Not one employer required:	
B. If so, may we	e inquire of you erences that we out this position	r present employer? may contact, at leas: Relationship	Yes Not one employer required:	

Name (printed):	
Date:	_Signature:

I certify that the information contained in this application is true and complete to the best of my knowledge. I give authorization to contact the references and/or employers listed above and/or any person or organization that may have

information concerning me.

Email complete form to: tilly@communitysailingcenter.org

PO Box 64818 Burlington, VT 05406 : 802.864.2499 : www.communitysailingcenter.org