

# Recreation Intern



Department/Division: Parks and Recreation

FLSA Status: Non-Exempt

Union/Non-Union: Non-Union

## General Definition of Work

Performs semi-skilled work by assisting the Recreation Specialist with the general implementation of outdoor recreation and educational programs, special events, day camps, and marketing efforts. Develop an understanding of basic park and facility maintenance tasks by performing various unskilled or semi-skilled tasks in the maintenance and improvement of parks and recreation facilities and trails. Work is performed under the supervision of the Recreation Specialist.

## Qualification Requirements

*To perform this job successfully, an individual must be able to perform each essential function satisfactorily. The requirements listed below are representative of the knowledge, skill, and ability required. Reasonable accommodations may be made to enable an individual with disabilities to perform the essential functions.*

## Essential Functions

Assist Recreation Specialist with scheduled programs, special events, and public outreach.

Assist Recreation Specialist with the development, coordination, set-up/take-down, and implementation of events and activities such as special events, outdoor recreation/educational classes, camps, activities for all ages, and other related programs.

Assist Recreation Specialist with developing advertising and registration materials for programs, classes, and special events.

Create, oversee, and implement a new program/event with the direction of the Recreation Specialist

Assist Recreation Specialist in preparing surveys and reports for recreation programs

Attend meetings associated with the Parks and Recreation Department, including department staff meetings, community partner meetings, and training as necessary.

Ensures the cleanliness of County Park facilities, equipment, and amenities used for programs and events.

Develop a general knowledge of maintenance and repairs of park facilities, trails, and facilities.

Performs other duties and activities as assigned.

## Knowledge, Skills, and Abilities

Knowledge of practices, functions, and procedures for park and recreation customer service operations, park and recreation program development, trends, scheduling facilities and programs, developing and maintaining cooperative relationships with department staff, county departments, governmental agencies, groups, and the public. Knowledge of practices, functions, and procedures for parks maintenance, repairs, and construction tasks. Verbal and written communication skills are sufficient to effectively present information, follow instructions, and respond to questions from a wide variety of audiences. Ability to learn facilities management computer systems; perform data entry into various databases; pay attention to detail and effectively organize time and anticipate, plan, and successfully respond to changing circumstances; Development of program and event budgets. Requires the use and operation of telephone, copiers, credit machine, computer, hand tools, electric tools, software applications, miscellaneous department tools, materials and office equipment, recreational equipment such as GPS units, archery equipment, canoes, kayaks, cross country skis, snowshoes, and other related items, oral and written communication, ability to direct volunteers and contracted instructors, establish and maintain effective working relationships with employees, supervisors, department head, and the public, good customer service skills and ability to work with the public in an office and field setting. Ability to perform all job duties in compliance with safety guidelines and with

## Recreation Intern

an ongoing awareness of safety practices; Ability to communicate courteously and professionally while maintaining positive working relationships with others when carrying out all job functions.

### Education and Experience

Enrolled in an institution of Higher Learning with a declared major/minor within parks & recreation/leisure services or a related field of study.

### Physical Requirements

This work requires the frequent exertion of up to 50 pounds of force and occasional exertion of up to 100 pounds of force; work regularly requires standing, walking, speaking or hearing and using hands to finger, handle or feel, frequently requires reaching with hands and arms, lifting and repetitive motions and occasionally requires sitting, climbing or balancing, stooping, kneeling, crouching or crawling, tasting or smelling and pushing or pulling; work has standard vision requirements; vocal communication is required for expressing or exchanging ideas by means of the spoken word; hearing is required to perceive information at normal spoken word levels and to receive detailed information through oral communications and/or to make fine distinctions in sound; work requires preparing and analyzing written or computer data, visual inspection involving minor defects and/or small parts, using of measuring devices, assembly or fabrication of parts within arm's length, operating machines, operating motor vehicles or equipment and observing general surroundings and activities; work regularly requires exposure to outdoor weather conditions, frequently requires working near moving mechanical parts and occasionally requires wet, humid conditions (non-weather), working in high, precarious places, exposure to fumes or airborne particles, exposure to toxic or caustic chemicals, exposure to extreme heat (non-weather), exposure to the risk of electrical shock, working with explosives, exposure to vibration, wearing a self-contained breathing apparatus and exposure to bloodborne pathogens and may be required to wear specialized personal protective equipment; work is generally in a loud noise location (e.g. grounds maintenance, heavy traffic).

### Special Requirements

Must be 18 years of age.

A valid driver's license or evidence of equivalent mobility is also required upon hire.

Available to work nights, weekends, and holidays

The position is for 14 weeks/40 hours per week.

Last Revised: 11/22/2021



**Wright County  
Parks & Recreation Department  
Seasonal Employment Application**

3500 Braddock Avenue NE  
Buffalo, MN 55313  
Phone: 763-682-7693  
www.co.wright.mn.us/parks

**General Data**

Position Applying For: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_ Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Are you either a U.S. citizen or legally eligible to hold employment in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_  
Work Phone

**Education**

Did you graduate from high school or receive a General Education Degree (GED)? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate the last year of schooling you completed. Please count only full years completed and received credit for.

7 8 9 10 11 12 / 13 14 15 16 / Masters / JD / PhD

Name and Location of College, University or Professional School	Dates Attended	Credits Earned	Degree Received	Major/Minor

List current Licenses, registrations, or certifications relevant to the position for which you are applying.

License/Certification Number	Issued By	Date/Expiration

**Wright county is an Equal Opportunity Employer**

## Work Experience

Experience and training ratings are determined by the information provided on the application including internships. Please be as specific and complete as you can in the description of duties and percent of time spent on the duties. Do Not State "See Resume". List each promotion and/or transfer as a separate job. If needed, please attach additional sheets. Any attached sheets are to comply with the form of this application. If the hours worked per week varied, use an average. When listing duties, list the 5 most important or most frequently performed. Resumes, work samples, and letters of recommendation may be attached. Please list employers in chronological order beginning with the most recent or current employer. Also include internships in work experience area below.

Employer: _____ Address: _____ City: _____ State: ___ Zip: _____ Position/Title: _____ Supervisor Name: _____ Phone Number: _____ May we contact: Yes ___ No ___	<u>Length of Employment</u> From: _____ To: _____ Total: _____ Years/Months
---	---

Duties	%	of Time
1.		
2.		
3.		
4.		
5.		

Hours worked each week: _____
Ending Salary: _____
Number Supervised: _____
Reason for Leaving: _____
_____

Employer: _____ Address: _____ City: _____ State: ___ Zip: _____ Position/Title: _____ Supervisor Name: _____ Phone Number: _____ May we contact: Yes ___ No ___	<u>Length of Employment</u> From: _____ To: _____ Total: _____ Years/Months
---	---

Duties	%	of Time
1.		
2.		
3.		
4.		
5.		

Hours worked each week: _____
Ending Salary: _____
Number Supervised: _____
Reason for Leaving: _____
_____

Employer: _____ Address: _____ City: _____ State: ___ Zip: _____ Position/Title: _____ Supervisor Name: _____ Phone Number: _____ May we contact: Yes ___ No ___	<u>Length of Employment</u> From: _____ To: _____ Total: _____ Years/Months
---	---

Duties	%	of Time
1.		
2.		
3.		
4.		
5.		

Hours worked each week: _____
Ending Salary: _____
Number Supervised: _____
Reason for Leaving: _____
_____

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ May we contact: Yes \_\_\_ No \_\_\_

Length of Employment  
 From: \_\_\_\_\_  
 To: \_\_\_\_\_  
 Total: \_\_\_\_\_  
 Years/Months  
 Hours worked each week: \_\_\_\_  
 Ending Salary: \_\_\_\_\_  
 Number Supervised: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_

Duties	% of Time
1.	
2.	
3.	
4.	
5.	

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ May we contact: Yes \_\_\_ No \_\_\_

Length of Employment  
 From: \_\_\_\_\_  
 To: \_\_\_\_\_  
 Total: \_\_\_\_\_  
 Years/Months  
 Hours worked each week: \_\_\_\_  
 Ending Salary: \_\_\_\_\_  
 Number Supervised: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_

Duties	% of Time
1.	
2.	
3.	
4.	
5.	

**Relevant Volunteer and Unpaid Experience (include internships as work experience)**

Type of Volunteer Activity	Organization	Number of hours Each Week	From	To

**Complete this section and indicate the number of years of experience for each area.**

Clerical Skills	Accounting	Office Machines	Software Application
Customer Service _____	Accounts Payable _____	10 Key _____	Auto CAD _____
Data Entry _____	Accounts Receivable _____	Copier _____	GIS _____
Filing _____	Bank Reconciliation _____	Fax _____	Power Point _____
Receptionist _____	Cash Balancing _____	Imagers _____	Publisher _____
Minute Taking _____	Financial Statement _____	Scanners _____	MS Word _____
Transcription _____	Payroll _____	Transcription _____	MS Excel _____
	Trial Balance _____	Typing WPM _____	Recreation Software _____

List any other skills you have relative to the position you are applying for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Driving Record Information**

Do you have a valid MN Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ Class: \_\_\_\_\_ Number: \_\_\_\_\_

List endorsements: \_\_\_\_\_

Have you had any moving violations in the last 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, indicate violation(s) and date(s) of occurrence: \_\_\_\_\_

I declare that the information provided on this application and on any attachments are true and accurate to the best of my knowledge. Furthermore, I understand that false or misleading information provided herein may result in my immediate dismissal from any position gained on the basis of fraudulent information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Release Information**

In conjunction with my application for employment, I authorize the representative of Wright County to conduct an inquiry into any job-related information contained in my application, including but not limited to, present and former employers, performance evaluations, and records maintained by educational institutions relating to academic performance. Please release to the Wright County Personnel Department and all personnel data required for a period of up to twelve months from date of this request as designated below.

\_\_\_\_\_ Yes \_\_\_\_\_ No Present employer(s) may be contacted

\_\_\_\_\_ Yes \_\_\_\_\_ No Previous employer(s) may be contacted

I also release you from any liability in providing information to Wright County if done in good faith and without malice concerning my professional competence and qualifications.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Be sure you have:

1. Signed your application
2. Attached all requested and/or required material
3. Provided complete and accurate information
4. If a veteran, complete Veteran's Preference Claim Form and attach a copy of your DD214

**This application and all additional material submitted will become the property of Wright county and will not be returned. You should not submit your original or only copy of any document.**

**Disability Status**

A person with a disability is defined by the Americans with Disabilities Act as:

1. Having a physical or mental impairment which substantially limits one or more major life activities
2. Having a record of such as impairment
3. Being regarded as having such impairment

Major life activities include such things as caring for oneself, performing manual tasks, walking, talking, and hearing, seeing, speaking, breathing, learning, concentrating, thinking, communicating, and working. Temporary, non-chronic impairments of short duration, with little or no long-term impact, are usually not disabilities. A visual problem which has been corrected by glasses is usually not a disability. Veterans who are rated as "disabled" by the Veterans Administration are not automatically "disabled" under this definition.

**Affirmative Action Applicant's Flow Information**

To All Applicants:

The following information in no way affects you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in validation of our selection methods. The information will not be maintained in the personnel files and it will not be made available to any person involved in the decisions affecting an individual's appointment or promotion to a position. Although providing this information is voluntary, it is important that all applicants answer these questions so that we may take steps to prevent discrimination in the recruitment and selection of employees for public service.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

1. What sex do you identify as?  
Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_
  
2. Of the following, of what racial/ethnic group do you consider yourself?  
\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_ Asian and Pacific Islander  
\_\_\_\_ Black  
\_\_\_\_ Hispanic  
\_\_\_\_ White  
\_\_\_\_ Other
  
3. Do you have a disability?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
4. How did you learn about this job opening?  
\_\_\_\_ Newspaper  
\_\_\_\_ Minority or Female Publication/Organization  
\_\_\_\_ School  
\_\_\_\_ County Employee  
\_\_\_\_ MN Workforce Center  
\_\_\_\_ Wright County Job Line  
\_\_\_\_ Wright County Website  
\_\_\_\_ Walk In  
\_\_\_\_ Posting in Courthouse  
\_\_\_\_ Other \_\_\_\_\_

**The Minnesota Government Data Practices Act (Minnesota Statutes 13.01-13.90) has two sections that affect you as an applicant for employment at Wright County.**

First, under “Right of Subjects of Data” (Minnesota Statute 13.04), when you are asked to provide us with data about yourself, we must tell you:

- A) The purpose and intended use of the data;
- B) Whether you may refuse or are legally required to supply the requested data;
- C) Any known consequences arising from your supplying or refusing to supply the data; and
- D) The identity of other persons or organizations authorized by state or federal law to receive the data you provide.

Secondly, under “Personnel Data” (Minnesota Statute 13.43), the following data on you as an applicant for employment by a public agency is automatically public:

- A) Your veteran’s status;
- B) Relevant test scores;
- C) Your rank on our eligible list;
- D) Your job history;
- E) Your education and training; and
- F) Your work availability.

As an applicant, your name is considered private\*\* until you are certified as eligible for appointment to a vacancy or when applicants are considered by the appointing authority to be finalists for a position in public employment. “Finalist” means an individual who is selected to be interviewed by the appointing authority prior to selection.

If you are hired, the following additional data about you will be public\*:

- A. Name; employee ID#; actual gross salary; salary range; terms and conditions of employment relationship; contract fees; actual gross pension; the value and nature of employer paid fringe benefits; and the basis for and the amount of any added remuneration, including expense reimbursement, in addition to salary;
- B. Job title and bargaining unit; job description; education and training background; and previous work experience;
- C. Date of first and last employment
- D. The existence and status of any complaints or charges against the employee, regardless of whether the complaint or charge resulted in disciplinary action;
- E. The final disposition of any disciplinary action together with the specific reason for the action and data documenting the basis of the action, excluding data that would identify confidential sources who are employees of public body;
- F. The terms of any agreement settling any dispute arising out of an employment relationship, including a buyout agreement; except that the agreement must include specific reasons for the agreement if it involves the payment of more than \$10,000 of public money;
- G. Work location; a work telephone number; badge number; work-related continuing education; honors and awards received; and
- H. Payroll time sheets or other comparable data that are only used to account for employee’s work time for payroll purposes, except to the extent that release of time sheet data would reveal the employee’s reasons for the use of sick and other medical leave or other non-public data.

\* “Public” means that it is available to anyone who asks to see it.

\*\* “Private” information is available only to the person it is about and to the staff who must use it in the normal course of conducting county business.

» The data concerning you which is placed in your application folder or your Personnel file and which is not listed above is private data. This private data will be shared with you and those members of County staff who need it to process the application, update your personnel record, evaluate your work performance, and if you are handicapped, provide the necessary accommodations. In addition, the following person or organizations are authorized by state or federal law to receive this private data if they so request:

- » The Bureau of Census
- » Federal Stats, and County Auditors
- » The State Department of Human Services in regard to locating parents who have deserted their children
- » The Department of Human Rights
- » Federal Officials investigating the compliance of Affirmative Action and Equal Employment Opportunities
- » Labor organizations to the extent that the County determines the release of personnel data is necessary to conduct elections, notify employees of fair share fee assessments, and implement the provisions of the Minnesota Labor Relations Statute.
- » Labor Organizations and the Bureau of Mediation Services to the extent ordered or authorized by the Director of the Bureau of Mediation Services.

With the exception of racial and ethnic data, the data you give us about yourself is needed to identify you and to assist in determining your suitability for the position for which you are applying. Racial and ethnic data are used in summary form by the County’s Affirmative Action Program to monitor protected class employment and to meet federal, state, and local reporting requirements. Furnishing racial and ethnic data about yourself, as well as your social security number, is voluntary. You are not legally required to supply any of the data we ask for on your application, but if you choose to withhold any data other than racial, ethnic, or your social security number, we cannot consider you for employment. If you do provide the data, your application will be considered and, if you are employed, the data you have given us as an applicant will become part of your employee record.



**Criminal Background Information**

For certain positions, criminal background information will be requested during the hiring process. Further, The County may conduct a criminal background check on individuals upon making a contingent job offer. No offer of employment shall become final until receipt of the results of the criminal background check from BCA or other agency, the content of which is acceptable to the County, and formal approval has been granted by appointing authority.

**Veteran's Preference**

**Eligibility:**

A person who is eligible to receive a monthly veteran's pension based on length of service will not qualify for preference. To qualify for preference for a competitive exam, you must have been separated under honorable conditions from any branch of the armed forces of the United States, after having served active duty for 181 consecutive days or by reason of disability incurred while serving on active duty or meet the minimum active duty requirements for eligibility for federal veterans benefits, and be a United States citizen; or be the spouse of a deceased veteran; or be the spouse of a disabled veteran who, because of such disability, is unable to qualify or earn a living. To qualify for preference on a promotional exam, you must be entitled to disability compensation for a permanent service connected disability rate of 50% or more, or be the spouse of a veteran who is rated 50% or more disabled and who, because of such disability, is unable to qualify or earn a living. Person eligible for such preference may use it only for the first promotion after securing public employment.

If you meet the eligibility requirements above, complete this form and attach a copy of your DD214 form. DD214 forms must be submitted by the closing deadline for accepting applications for the position you are applying for.

Name of Veteran:

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

Birthdate (mm/dd/yy): \_\_\_\_\_ Address: \_\_\_\_\_

Did the veteran serve on active duty without interruption for 181 days or more? Yes \_\_\_\_\_ No \_\_\_\_\_

If the veteran served on active duty for a period of less than 181 consecutive days, does the veteran meet the minimum active duty requirement for eligibility for federal veteran's benefits: Yes \_\_\_\_\_ No \_\_\_\_\_

Is the veteran a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of entry into active service (mm/dd/yy): \_\_\_\_\_ Branch: \_\_\_\_\_

If reserve unit, submit evidence of service of 181 or more consecutive days.

Date of release from active duty (mm/dd/yy): \_\_\_\_\_

Type of separation: Honorable: \_\_\_\_\_ Medical: \_\_\_\_\_ Other: \_\_\_\_\_

Are you now receiving or are you eligible to receive a monthly pension based on length of military service? Yes \_\_\_\_\_ No \_\_\_\_\_

Disability claim number: \_\_\_\_\_ Percent of service connected disability: \_\_\_\_\_ Currently existing: Yes \_\_\_\_\_ No \_\_\_\_\_

State in which filed: \_\_\_\_\_

For spouse of deceased veteran: ATTACH Marriage license, Death certificate, and DD214 form.

Date of Death (mm/dd/yy): \_\_\_\_\_ Have you remarried: Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby claim veteran's preference for this position and affirm the information on this document is true and correct. I also authorize the release of necessary information by the Veterans Administration to Wright County Personnel Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_