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BRAINTREE RECREATION DEPARTMENT

74 Pond Street | Braintree, MA | 781.794.8901 www.Braintreema.myrec.com

HIRE-A-TEEN APPLICATION				
NAME		DATE OF BIRTH		
STREET ADDRESS				
TOWN		STATE	ZIP	
HOME PHONE	CELL PHONE			
PARENT/GUARDIAN NAME				
SNOW SHOVELING	Please check off the service(s) that your child can provi	de DOG WALKING	
	application, I,			
Recreation Department's Hire-	A-Teen list and will not be removed	until I contact the Department	directly, or until I turn 18 years of	
age. I also understand that this	list will be distributed to anyone who	requests it.		
I further understand that I wi	ll not be an employee of the Braintre	e Recreation Department, nor a	m I covered by Town Insurance. I	
understand this and accept all	risks for any employment gained from	n participating in this listing, and	d will hold the Department, Town,	

understand this and accept all risks for any employment gained from participating in this listing, and will hold the Department, Town, their administrators or their employees/volunteers harmless of any and all claims resulting from any employment or participation in this listing.

I understand that all rates of pay and working hours are negotiated between me, my parent/guardian and my prospective employer. I acknowledge that the Department is only providing a list of interested teens to people who have expressed an interest in hiring a teen.

I further understand that complaints received by the Department regarding poor work habits will automatically remove me from this list.

Signature of Youth_____

Date

I understand the above employment stipulations and give the Braintree Recreation Department permission for my child's name, age, and phone number to be placed on the Braintree Recreation Department Hire-A-Teen list, and that their name will not be removed until the Department is contacted directly.

Signature of Parent/Guardian_____

Date