

TOWN OF WILLINGTON

PARKS & RECREATION



Job Title: Assistant Director of Parks & Recreation

Location: Town Office Building, 40 Old Farms Rd., Willington, CT

Employment Type: Part Time, Union Position, No Benefits

Expected Hours: 10 hours/week

Pay Rate: \$21.41/hour

Position Summary

The Town of Willington Parks and Recreation Department is seeking a creative, hands-on, and highly organized individual to serve as the Part-Time Assistant Director of Parks and Recreation. This is a multifaceted role requiring strong administrative, communication, graphic design, and maintenance skills. Job duties may be adjusted based off of skill set. Under limited supervision, this position supports all aspects of the department's operations and reports to the Director of Parks and Recreation.

Minimum Requirements

- High school diploma or GED required; College coursework in recreation, sport management, graphic design, construction, or related field
- At least 3 years of administrative or sport related experience
- Strong writing and design skills; experience creating newsletters or marketing materials
- Proficient in Microsoft Office (Word, Excel, PowerPoint, Publisher), Canva or Adobe Suite
- Experience with youth programs, community engagement, or event planning
- Hands-on experience with maintenance, painting, signage, or light carpentry
- Comfortable working independently and outdoors in all seasons
- Must be available for occasional evenings and weekends depending on the time of year
- Must possess a valid driver's license and pass a background check

Key Responsibilities

Administrative & Program Support:

- Provide support to the Director in planning, promoting, and delivering programs and events
- Respond to public inquiries by phone, email, and in person
- Draft professional communications, create flyers, press releases, and social media content
- Design and distribute a regular community newsletter (digital and/or print)
- Update and maintain the department website and online registration system
- Maintain accurate records and assist with program documentation

Graphic Design & Marketing:

- Design marketing materials using Canva, or Adobe products
- Write and edit copy for promotional pieces, program guides, and social media
- Develop creative content to increase engagement and visibility of programs

Facilities & Light Maintenance:

- Assist with upkeep of River Road Athletic Complex, Kevin Legare Memorial Fields, Hall's Pond, and trails
- Perform basic maintenance tasks including painting, hanging signs, small repairs, and seasonal prep
- Set up and break down for events, camps, and programs
- Comfortable using tools and performing light carpentry or handyman tasks as needed

Other Duties:

- Help supervise youth programs and sporting events
- Gym supervisor during youth basketball season on weekends; enforce rules, crowd control, scorekeeping, and facility maintenance
- Represent the department at community events
- Perform other duties as assigned

Physical Demands & Work Environment

- Sit, stand, walk, bend, reach, stoop, kneel, and lift or carry up to 50 pounds
- Use hands and fingers to operate office equipment, hand tools, and maintenance equipment
- Communicate effectively in person, over the phone, and via email
- Perform physical labor such as painting, landscaping, lifting equipment, setting up for events, and working outdoors
- Work is performed in both indoor office settings and outdoor environments
- Outdoor work may involve exposure to varying weather conditions including heat, cold, rain, and snow
- The employee may be required to work evenings or weekends for programs or events
- The noise level may vary depending on location and activity, from quiet office settings to active recreation sites or public events

Background Screening

Successful candidates will be subject to the Town of Willington background screening process, which includes a criminal background check as a condition of employment.

How to Apply

Submit your application and copies of certifications to:

Rachel Signor
Director of Parks & Recreation
rsignor@willingtonct.gov
(860) 487-3108

Applications will be accepted until the position has been filled.

This is a great opportunity for someone looking to grow their skills in recreation management, event planning, and hands-on facility work in a small-town community setting.

TOWN OF WILLINGTON

APPLICATION FOR EMPLOYMENT

The Town of Willington is an Equal Opportunity / Affirmative Action Employer. It is the policy of the Town of Willington to provide equal employment opportunities without consideration of race, color, religion, age, gender, marital status, national origin, genetic information, veteran status, sexual orientation or any other legally protected status.

Please answer all questions and print legibly.

Position(s) applied for: _____ Date of application: _____

General Information

Name: _____
Last First Middle

Address: _____

Social Security # _____

#of years at the above address: _____

Telephone number: (Please mark the best number to reach you with an *)

Home: _____

Work: _____

Cell: _____

Email Address: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?
(please circle) **Y N**

Have you ever filed an application with us before? **Y N if yes, when?**

Have you ever been employed with us before? **Y N if yes, give date: _____**

Are you available to work: Part Time Full Time Temporary

Are you currently employed? **Y N**

May we contact your present employer? **Y N**

Are you currently on "lay-off" status and subject to recall? **Y N**

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status? **Y N**

**Proof of citizenship or immigration status will be required upon employment*

Can you travel if a job requires it? **Y N**

Can you work overtime if the job requires? **Y N**

Do you have any friends or relatives working here? **Y N**

If yes, please list name and relationship to you:

Have you been convicted of a felony within the last 7 years? **Y N**

Conviction will not necessarily disqualify an applicant from employment:
If yes, please explain: _____

Education

	Name/Address of School	Course of Study	Years Completed	Diploma/Degree
High School/Prep				
College				
Graduate/Profession, Trade, or Other				

U.S. Military or Naval Service: _____ Present membership in National
Rank: _____ Guard or Reserves _____

List any scholastic honors earned in high school, college or graduate school:

If you did not graduate, explain your reasons for leaving: _____

Are you planning to pursue further studies? **Y** **N**

If yes, where and what courses? _____

Describe any job related training received in the United States Military or Naval Service:

Use the space below to describe your interests and the skills and aptitudes that you feel qualify you for a position at the Town. If you need more space, please continue on a separate sheet.

Employment Experience

Start with your present or last job. Include any self-employment, summer and part time jobs, job related military service assignments and volunteer activities. If you need additional space, please continue on back:

Employer: _____ Dates employed: From _____ To _____
Address _____ Salary: (Start) _____ (End) _____
Job Title: _____ Telephone Number _____
Supervisor Name: _____ May we contact your present Employer? **Y N**
Duties and Accomplishments: _____

Reason for leaving: _____

Employer: _____ Dates employed: From: _____ To: _____
Address _____ Salary: (Start) _____ (End) _____
Job Title: _____ Telephone Number _____
Supervisor Name: _____ May we contact your present Employer? **Y N**
Duties and Accomplishments: _____

Reason for leaving: _____

If you need additional space, please continue on a separate sheet of paper.

List any professional, trade, business or civic activities and offices held:

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status

Have you ever been dismissed, involuntarily terminated
or forced to resign from employment? **Y N**

If yes, please explain: _____

State any additional information you feel may be helpful to us in considering your
application: _____

Please list any other qualifications or specialized skills you have obtained from employment or
other experience: _____

References

Name

Address

Phone Number

Name

Address

Phone Number

Name

Address

Phone Number

If hired, what date would you be available to commence employment? _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further understand that the use of this application form does not in any way obligate the Town of Willington.

I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of the Town of Willington. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment

relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. No supervisory, management or any other employee of the Town of Willington has the authority to make a commitment of guaranteed employment to me, and no document or publication of the Town of Willington shall interpret to make such a guarantee.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by the policies and procedures of the Town of Willington. I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event a job is offered, I may be subject to a drug test and/or a medical examination that I must pass before I commence work.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY:

Arrange Interview: ____Y ____N

Remarks:

Employed: ____Y ____N Date of Employment
Job Title: Hourly Rate/Salary Dept:

By:_____

Connecticut Department of Children and Families
AUTHORIZATION FOR DCF CPS BACKGROUND CHECK (Central Registry Only)

DCF-3031
 7/2022 (Rev.)



Page 1 of 1

I, (Applicant Name): _____ do hereby authorize the Department of Children and Families to research its records and if applicable request out of state checks, to determine whether or not I am on the central registry of persons responsible for child abuse and neglect. I understand that this information may be used to determine my suitability for (check one): <input type="checkbox"/> Employment <input type="checkbox"/> Day Care <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other							
I release the Department of Children and Families from any liability for any damages I may incur because of the release/use of this information.							
Name of Agency (requesting background check)				Attention:			
Address: (No. and Street):				City:	State:	Zip:	
I submit the following information to assist the Department of Children and Families in their search.							
Applicant Last Name:		Applicant First Name:		Middle:		DOB:	
Applicant Address: (No. and Street):		Apt. #	City:	State:	Zip:	Start date at current address: (mm/dd/yyyy)	
List all previous applicant addresses for the last five years <input type="checkbox"/> Check if an additional sheet is necessary, and attached							
Address (No. and Street):		Apt. #	City:	State:	Zip:	Dates From: (mm/dd/yyyy)	To (mm/dd/yyyy)
Other names I have used (including preferred names, maiden, and previous marriages) <input type="checkbox"/> Check if an additional sheet is necessary, and attached							
Last Name:		First Name:		Middle Name:			
Names of ALL children - biological/step (Including adult children in or out of the home) <input type="checkbox"/> Check if an additional sheet is necessary, and attached							
Last Name:		First Name:		Middle:	DOB:	Gender:	
						<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
						<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
						<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
This authorization will expire 180 days after the date of the signature							
Applicant Signature:						Date:	
Submit at https://portal.dcf.ct.gov/Portal/Main/#dashboard . To enroll your agency in the portal, please contact bgc.verification@ct.gov . For questions or support, please contact the Background Check Unit at bgc.verification@ct.gov .							