



Summer Camp Counselor-In-Training Application

Name: _____

Phone: _____ Email: _____

Mailing Address: _____

Name of Parent/Guardian: _____

Name of School Attending: _____ Grade in Fall: _____

Experience with supervising children: _____

Camp Experience: _____

Other related work experience: _____

Leadership experience or courses taken: _____

Work and/or volunteer experience: _____

Certification, include dates and places: _____

CPR: _____ First Aid: _____

Camp Skills: Indicate those skills that you have. Use two checks to indicate those you can lead or teach.

___ Creative Writing

___ Story Telling

___ Games

___ Swimming

___ Arts & Crafts

___ Nature Identification

___ Tennis

___ Musical Instrument

___ Music

___ Singing

___ Drama

___ Orienteering

Other: _____

References: Please give names and addresses of two persons, not relatives. State when and under what circumstances they have known you.

1. Name: _____ Address _____

City _____ State _____ Zip _____

Capacity in which person has known you: _____

2. Name: _____ Address _____

City _____ State _____ Zip _____

Capacity in which person has known you: _____

Write a brief statement on the following:

1. Why you wish to be a counselor - in - training.

2. What you feel you can contribute to the program.