



APPLICATION SUMMER CAMP COUNSELOR

Name _____ Male _____ Female _____

Address _____ Phone _____

City/Town _____ E-mail _____

Are you at least 16 years of age? YES _____ NO _____

Are you certified in CPR and First Aid? YES _____ NO _____

Expiration date of certification: _____

When was your last medical check-up? _____

(A current physical exam is required to work for the Youth Commission Town Camp.)

F qeqrtu'P co g _____ Rj qpg _____

Experience

Have you ever worked in a summer camp program before? YES _____ NO _____

If yes, when and in what capacity?

1. _____
2. _____
3. _____

Education

<u>Institution</u>	<u>Major</u>	<u>Degree or No. Years Completed</u>
High School _____		
College _____		
Other _____		

Three References - **NOT** related to you

<u>Name, Address, Phone & E-mail</u>	<u>Relationship</u>
1. _____	
2. _____	
3. _____	

