

CAMP STRAWDERMAN

Application Form for Camp Counselor

INSTRUCTIONS: Print this form, complete it, and mail it to the address at the end of the application.

NAME: _____

DATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ SCHOOL
PHONE: _____

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRESENT CLASS IN SCHOOL (Circle one): high school senior, college freshman, sophomore, junior, senior, graduate

AGE: _____ BIRTH DATE: _____ HEIGHT: _____ WEIGHT: _____

RELIGION: _____

SINGLE: ___ MARRIED: ___ DO YOU REQUIRE A SPECIAL DIET? ___ DO YOU SMOKE?

HAVE YOU EVER BEEN CHARGED WITH CHILD ABUSE? _____

HAVE YOU EVER BEEN CHARGED WITH A MISDEMEANOR? _____ A FELONY? _____

POSITION DESIRED _____ **SOCIAL SECURITY**
NUMBER _____

SKILLS: Single check the items below in which you gave some skill and double check those in which you could instruct others.

ARCHERY ___ ARTS AND CRAFTS ___ DANCE ___ GROUP SINGING ___ HIKING ___
INDIAN LORE _____

HORSEBACK RIDING____ SWIMMING____ TENNIS____ GYMNASTICS____
VOLLEYBALL____ SOFTBALL____

DO YOU HAVE A RED CROSS LIFESAVING CERTIFICATE?____ WATER SAFETY
INSTRUCTOR'S?____

WITH WHAT AGE GROUP DO YOU WISH TO WORK?_____

EXPERIENCES, INTERESTS, AND ACTIVITIES: List the experiences, training, and courses you have had and the clubs or activities you have participated in which would equip you for the position. **

MOTIVATION: State briefly why you want to be a counselor at Camp Strawderman. **

REFERENCES: Give the names, addresses, and phone numbers of three references.

**If you need additional space, use the back of this form.

ENCLOSE A RECENT PHOTOGRAPH

SIGNATURE: _____

Mail To: Mrs. Margaret Gouldman, 10902 Brookwood Ave. Upper Marlboro, MD 20772