

CAMP TERRAPIN JUNIOR COUNSELOR APPLICATION

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Date of Birth _____ M/F _____ School _____

Present Grade _____

Please list any camp experience or experiences that you have had with younger children.

What skills do you possess that would make you an ideal candidate for a Junior Counselor?

Please list areas you feel qualified to help with (sports, arts, dance, etc...)

Please select the weeks you are you available to help:

Week 1: June 7-11 _____	Week 5: July 5-9 _____
Week 2: June 14-18 _____	Week 6: July 12-16 _____
Week 3: June 21-25 _____	Week 7: July 19 -23 _____
Week 4: June 28-July 2 _____	

Please include the name of one or two teachers who would be willing to give you a reference:

Please return this form to Mrs. Honegger Phone: 251-8481 ext. 4009