

JUNIOR COUNSELOR APPLICATION

DIRECTIONS

Please fill out completely

Print clearly with pen or type your answers.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Sex: ___ Age: ___ Phone: (____) _____

Grade: ___ Birthdate: _____ Email: _____

Parent's Names: _____

EDUCATION – Grade Level _____ School _____

EMPLOYMENT

Employer	Type of Work	How Long
_____	_____	_____
_____	_____	_____

CAMP EXPERIENCE

Camper or Staff: _____

Camp Name: _____

Dates: _____

REFERENCES

Give names of 3 persons who have knowledge of your character, experience, and ability.

Include one relative.

Relationship: 1. _____ 2. _____ 3. _____

Name: 1. _____ 2. _____ 3. _____

Phone: 1. _____ 2. _____ 3. _____