



# COUNSELOR APPLICATION for SUMMER ARTS CAMP

## PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

## COUNSELOR POSITION DESIRED

**SESSION(S) AVAILABLE:** (please circle) 1    2    3    4

**WHAT AGE GROUP DO YOU PREFER TO WORK WITH?** (Please check all that apply)

Younger (5-7)       Older (8-11)

**WHICH TIME SLOT WOULD YOU PREFER?**

8am-4pm       9am-5pm

**ARE YOU CPR/FIRST AID CERTIFIED?**

Yes (If yes, please send a copy of certificate)     No

**Background Check/NJ State fingerprinting?**  Yes (If yes, please send a copy)     No

**Are you currently employed?**  Yes     No **If yes, may we inquire of your present employer?**  Yes     No

EDUCATION	Name and Location of School	Years Attended	Date Graduated	Subjects Studied
High School	_____			
College	_____			
OTHER	_____			
	_____			

Subjects of special study: \_\_\_\_\_

Please describe in detail any experience you have **working with children**:

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List activities such as: civic service, athletics, arts, clubs, etc.

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-Over-

Please tell us why you are interested in the counselor position:

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### EMPLOYMENT/VOLUNTEER HISTORY

*(Please start with the most recent.)*

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				

### REFERENCES

*(Please give the names of three persons not related to you, whom you have known for at least one year.)*

Name	Address/Phone	Business	Years Acquainted

In Case of an Emergency Please Notify: \_\_\_\_\_  
Name Hm. Phone Relationship  
Cell Phone \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for immediate dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_