



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 Sate 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**:

List of activities [i.e. civic service, athletics, arts, clubs, etc.] and interests [i.e. fashion, photography, digital arts, etc.]

-Over-

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

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 _____

***ATTENTION: A mandatory Camp Orientation Meeting is scheduled for Thursday, June 13 at 4:00pm.**

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 _____