



2020 Junior Summer Camp Counselor Application

Name of applicant:

Date:

Address:

Primary phone number:

Email address:

Birth date:

Age:

Current school:

Grade level:

T-shirt Size (circle): YM YL AS AM AL AX-L

Name of Parent(s):

Cell Phone:

Email Address:

Emergency Contact name and phone (if different from above):

Which session(s) are you applying for (check all that apply):

____ June 22 -July 24

____ July 27-August 28

Personal Questions:

Do you have any experience working with children? If so, what?

What age groups do you have experience with?

What age groups are you most comfortable working with?

What do you think are two qualities you must have when working with children in a camp setting?

What do you like about working with kids?

Have you played any sports? If so, what and when?

How would your teacher describe you?

Did you attend any camps as a child?

What is your favorite summer camp game or group setting game?

Have you ever volunteered before? If so, when, where, and for how long?

Silly Personal Questions:

Who is your favorite superhero:

If you had 24 hours left to live, what would you do and why?

What do you do in your free time?

What do you want to be when you “grow up”?