## MADISON COUNTY CHILDREN'S CAMP COUNSELOR IN TRAINING APPLICATION

		she/her/hers	AGE they/them/theirs			
PHONE NUMBE	CR	DATE OF BIRTH				
EMAIL ADDRES	SS					
SUMMER AVAI	LABILITY					
<b>EXPERIENCE I</b> ORGANIZATION			N HELD YI	EARS		
CAMP EXPERIENCE NAME OF CAMP			YEARS AS A CAMPER			
WORK EXPERI PLACE OF WOR		SUPERV	ISOR YI	EARS		
MY FUTURE PL	ANS INCLUDI	E				

<b>PERSONAL SKILLS:</b> Circle the those that you have led or taught.	ne activities that you hav	e a special int	erest or skill i	n. Check
Swimming	Crafts	Group Games		
Lifeguarding	Singing	Natu	re	
Cooking	Musical Instruments	Cano	eing	
Storytelling	Art	Dran	na	
Archery	Team Sports			
REFERENCES List three emplo	yers or teachers (no rela PHONE NUMBER	-	SITION	
interested in being a Counselor this separate sheet. Please return GUIDANCE COUNSELORS: FOUTSTANDING ACHIEVEMI	rn to your school guida Please complete and then	nce counselo	r when compl	
STUDENT'S ATTENDANCE:	excellent	good	fair	poor
STUDENT'S CITIZENSHIP:	excellent	good	fair	poor
IS THIS STUDENT CAPABLE RESPONSIBILY?	OF SUPERVISING Y	OUNG CHII	LDREN	
GUIDANCE COUNSELOR SIGNATURE COUNSELOR SIGNATU	GNATURE			

 $Camplook out 2112@\,gmail.com$