 Mountaineers Summer Camp

 *Counselor in Training Application*

Name: Age: Phone: Email:

1. Why do you want to volunteer to be a Jr. Camp Counselor this summer?(use back of sheet for extra space)
2. What is one thing, game, or skill that you want to teach to the campers this summer? (use back of sheet for extra space)
3. Please attach a letter from an adult (not a relative) explaining why you would make a great Jr. Counselor. (Letter of recommendation)
4. How many weeks would you like to volunteer?(preference will be given to those volunteering at least 2 weeks)
5. Please select the sessions for which you would like to volunteer:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Session 1 | Session 1.5 | Session 2 | Session 3 | Session 4 | Session 5 | Session 6 | Session 7 |
| Water Week | Sail and Climb with sail sand point | Wind and Waves | Ropes and Rock | Survivor | Water Week 2 | Wilderness Discovery | Mountains |
| 6/26-6/30 | 7/5-7/8 | 7/10-7/14 | 7/17-7/21 | 7/24-7/28 | 7/31-8/4 | 8/7-8/11 | 8/14- 8/18 |
| □ preferred□ available | □ preferred□ available | □ preferred□ available | □ preferred□ available | □ preferred□ available | □ preferred□ available  | □ preferred□ available | □ preferred□ available |

1. Are you available to attend Summer Camp Training (a Thursday evening in May TBD)

□Yes □No