

Town of Esopus Summer Camp Counselor Application

Name: _____

Home
address: _____

Home Phone _____ Cell Phone _____

Email address _____

Age as of June 27, 2011 _____

Experience as a Camp Counselor: _____

Activities you would like to Teach or Lead at Camp (check all)

- | | |
|--|--|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Juggling |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Kickball |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Nature |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Newspaper/Reporting |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Dodge Ball | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Story Telling |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Football | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Whiffleball | |

Other: _____

3 REFERENCES:

Name	Official Position	Address	Telephone #

Please Respond to the Following Questions:

(PLEASE FEEL FREE TO USE ADDITIONAL PAPER IF NEEDED)

1. Why do you want to be a Day Camp Counselor?
2. List three of your strongest qualities that make you a good candidate for camp counselor and why.
3. List any special training or experiences (ie. First Aid certification, CPR, leadership training, etc.) you have had or have and the dates of expiration.
4. What do you hope to gain from being a Camp Counselor?
5. What would your suggestion be to run a successful camp and what activities would you implement during the 7 week camp period.

Vacation Dates _____

Return to College Date _____