

## Town of Esopus Summer Camp Counselor Application

Name: \_\_\_\_\_

Home  
address: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Age as of first day of camp this year \_\_\_\_\_

Do you have any limitations or medical conditions that we should be aware

of? \_\_\_\_\_

Experience as a Camp Counselor: \_\_\_\_\_

Activities you would like to Teach(T) or Lead(L) at Camp (Indicate by letter can be more than 1)

<input type="checkbox"/> Aerobics	<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Softball	<input type="checkbox"/> Story Telling
<input type="checkbox"/> Kickball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Tennis	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Basketball	<input type="checkbox"/> Fitness	<input type="checkbox"/> Whiffleball
<input type="checkbox"/> Nature	<input type="checkbox"/> Dance	<input type="checkbox"/> Soccer	<input type="checkbox"/> Football
<input type="checkbox"/> Singing	<input type="checkbox"/> Dodge Ball	<input type="checkbox"/> Drama/Talent	

Other: \_\_\_\_\_

### 3 REFERENCES:

Name	Official Position	Address	Telephone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

