

**CAMP SMILE COUNSELOR APPLICATION**

SESSION I WEEK 1 \_\_\_\_ WEEK 2 \_\_\_\_

SESSION II WEEK 3 \_\_\_\_ WEEK 4 \_\_\_\_

NAME: \_\_\_\_\_

PHONE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SEX: MALE \_\_\_\_ FEMALE \_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_

AGE: \_\_\_\_\_

GRADE COMPLETED: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

PARENTS: MOTHER: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

FATHER: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

CONTACT IN THE EVENT OF AN EMERGENCY, IF YOUR PARENTS CAN'T BE REACHED:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

Have you worked previously at Camp Smile: \_\_\_ Yes \_\_\_ No If Yes, dates: \_\_\_\_\_

**EXPLAIN BRIEFLY WHY YOU WISH TO BE A COUNSELOR AT CAMP SMILE:**

LIST BELOW ANY SPECIAL TALENTS, INTERESTS, OR HOBBIES OR PAST COUNSELING EXPERIENCES YOU WOULD BE WILLING TO SHARE AS A COUNSELOR:

DO YOU HOLD A FIRST AID CERTIFICATE? YES \_\_\_\_ NO \_\_\_\_  
IF YES, PLEASE ENCLOSE A COPY OF YOUR CARD WHEN YOU RETURN YOUR APPLICATION.

ARE YOU CURRENTLY CPR CERTIFIED? YES \_\_\_\_ NO \_\_\_\_  
IF YES, PLEASE ENCLOSE A COPY OF YOUR CARD WHEN YOU RETURN YOUR APPLICATION.

**REFERENCES: PLEASE LIST BELOW THREE REFERENCES OF PERSONS (NOT RELATIVES) WHO HAVE KNOWLEDGE OF YOUR CHARACTER, EXPERIENCE AND ABILITY!**

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, GIVE DATES AND CONVICTIONS: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF CHILD ABUSE OR A SEXUAL OFFENSE? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, GIVE DATES AND CONVICTIONS: \_\_\_\_\_

GIVE TWO SUGGESTIONS FOR NEW/DIFFERENT ACTIVITIES (GAMES OR CRAFTS) THAT YOU COULD SHARE WITH CAMPERS. IF YOU ARE A FORMER COUNSELOR, WHICH ACTIVITIES WERE EFFECTIVE? WHICH DO YOU THINK SHOULD BE DROPPED? **PLEASE USE THE AREA BELOW FOR RESPONSES.**