

CAMP LAWRENCE

Camp Address:
68 East 700 North
Valparaiso, IN 46383

Business Address:
7725 Broadway Suite C
Merrillville, IN 46410
(219)736-8931
nwicyo@comcast.net

COUNSELOR in TRAINING APPLICATION (Please print clearly)

Date: _____

Full Name (Last) _____ (First) _____ (Middle) _____

Home Address (Street) _____ (City) _____ (State) _____ (Zip) _____

E-Mail address _____

Home Phone _____ Emergency Phone _____

Age _____ Birth Date _____ Social Security _____

EDUCATION

Grade School _____ Number of Years Completed _____

High School _____ Number of Years Completed _____

Have you ever attended Camp Lawrence or any other camp? Yes _____ No _____

What camp? _____ Where? _____ When? _____

Why are you applying for the position of Counselor-In-Training at Camp Lawrence? _____

What are some of the qualities you possess that would influence, in a positive way, the children we serve? _____

Describe those qualities that you feel would make you a vital member of our camp staff: _____

Please summarize any experiences you may have had working with children. Please indicate the age level of each experience.

(Please fill out the REFERENCE section on the next page)

REFERENCES

References should be people with whom you have worked for and/or who have first hand knowledge of your character. References should include the person's name, address, phone number and relationship to you. (*Must have three listed.*)

Reference #1 _____
(Full Name) (Day Phone)

(E-mail Address)

(Relationship to you)

Reference #2 _____
(Full Name) (Day Phone)

(E-mail Address)

(Relationship to you)

Reference #3 _____
(Full Name) (Day Phone)

(E-mail Address)

(Relationship to you)

Applicants Signature: _____ Date _____

Note: Criminal Background checks will be required.

For Office Use Only

Application is: Accepted _____ Denied _____ Needs further information _____ Reason _____

References Checked: #1 _____ #2 _____ #3 _____ Background Check Received: Yes _____ No _____