**Peace Camp Counselor Application**

**Dates:**

**Staff Training June 12-14 Session 1: June 17-21 Session 2: June 24-28**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Name (Nickname)\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session: Both Session 1: June 17-21 Session 2: June 24-28

T-Shirt Size: **Youth** S M L **Adult** S M L XL

EMERGENCY CONTACT INFORMATION:

1) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to You: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to You: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are there any health issues or concerns for your child that we should be aware of?

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1. WHY ARE YOU INTERESTED IN VOLUNTEERING AT PEACE CAMP?
2. HAVE YOU EVER BEEN TO PEACE CAMP BEFORE? IF SO WHAT WAS YOUR ROLE?
3. PLEASE LIST THE QUALITIES THAT WOULD MAKE YOU A GREAT COUNSELOR
	1.
	2.
	3.
	4.
4. PLEASE LIST EXPERIENCE YOU HAVE WORKING WITH CHILDREN
5. PLEASE LIST YOUR EXPERIENCE IN A LEADERSHIP ROLE
6. HOW DO YOU SPEND YOUR SPARE TIME?
7. AN INTERVIEW IS REQUIRED TO COMPLETE YOUR APPLICATION. WHEN ARE YOU AVAILABLE?