A LTADENA town & country club est. 1910

ATCC Summer Camp Counselor Application

Name:			
Will you meet the minimum age requirement of 18? (As of June 3, 2024):	Yes	s	No
Address:			
Phone (Cell):E-mail:			
School Attending:			
Current first aid or CPR certification? Please list expiration dates.			
Availability			
ATCC Swim and Tennis Camp Main Session: (10 weeks): June 3rd – August 9th			
You must be available every day for the entire session. Specific scheduling issues may be Camp Director prior to June 3 rd . Please note: Daily shifts are typically four to eight hours p		l out wi	ith the
Are you anticipating any absences during the Main Session? If so, please list the date(s) and sp	ecific r	eason.	
Please note what day you must return to school (What will be your last day?):			
Mandatory staff training will be on May 26 th & June 1 st . Will you be able to attend these training	ngs?	Yes	No
If not, please list the specific reason that you will NOT be available.			
New Applicants Only			

Briefly describe your experience working with children and why you should be considered for this position?