



ATCC Summer Camp Counselor Application

Name: _____

Will you meet the minimum age requirement of 18? (As of June 10, 2019): _____ Yes _____ No

Address: _____

Phone (Home): _____ Phone (Cell): _____ E-mail: _____

School Attending: _____

Do you have a current first aid or CPR certification? Please list expiration dates. _____

Availability

Please indicate your availability with a check in the appropriate area. (You must be available every day for the entire session. Specific scheduling issues may be worked out with the Camp Director prior to June 10th). Please note: Daily shifts are typically five to eight hours per day.

_____ ATCC Summer Camp Main Session: (8 weeks): June 10th – August 2nd

_____ ATCC Post Camp Week One: August 5th – August 9th

_____ ATCC Post Camp Week Two: August 12th – August 16th

Please note what day you must return to school (What will be your last day?): _____

Staff training will be on a weekend in late May or early June. Are there any Saturdays or Sundays you will NOT be able to attend this training? _____ Yes _____ No

If so, please list the specific dates that you will NOT be available. _____

New Applicants Only

How were you referred? _____

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

Applicant Signature

Date