

Camp Natoma Counselor-in-Training Application

Name _____ Phone (s) _____

Address _____
Street City State Zip

Date of Birth _____ Male _____ Female _____
Month Day Year

Name of Parent of Guardian _____ Phone _____

Education: School Attending _____ Current Grade _____

Experience in Clubs or Other Organizations:

	Name of Organization	Number of Years as Member	Number of Years in Leadership Role (s)
1.	_____		
2.	_____		
3.	_____		

Camp Experience:

	Name of Camp	Location	Organization	Years as Camper
1.	_____			
2.	_____			
3.	_____			

Other Related Work or Leadership Experience:

Leadership Courses Taken _____

Leadership Experience _____

Work or Volunteer Experience _____

Certification— Give date and place certified. Indicate level achieved.

Swimming (circle certifying organization): ARC, YMCA, BSA, Other (specify) _____

First aid _____

CPR _____

