



**COUNSELOR IN TRAINING APPLICATION
CAMP DARK WATERS**

**P.O. BOX 263
MEDFORD, NJ 08055
(609) 654-8846**

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Home Phone(_____) _____ Email _____
Sex _____ Age _____ Years Attended Camp Dark Waters _____

Session You Are Applying For (Please Circle One) June 23 – July 21 July 22– August 18
Is the only session you are able to do? YES/NO

PREVIOUS CAMP EXPERIENCES

Name of Camp _____ Year(s) attended _____ Camper or Staff _____
Name of Camp _____ Year(s) attended _____ Camper or Staff _____
Name of Camp _____ Year(s) attended _____ Camper or Staff _____

EXPERIENCES WORKING WITH CHILDREN

1. _____ From _____ To _____
Name of Supervisor _____ Phone Number _____
2. _____ From _____ To _____
Name of Supervisor _____ Phone Number _____
3. _____ From _____ To _____
Name of Supervisor _____ Phone Number _____

OTHER WORK EXPERIENCES

1. Company Name _____ Employed from _____ To _____
Position _____ Name of Supervisor _____ Phone _____
2. Company Name _____ Employed from _____ To _____
Position _____ Name of Supervisor _____ Phone _____

Please rank the following groups that you think you'd like to work with. 1-5 (1 is the highest) __ 7-8 year olds, __ 9-10 year olds, __ 11-12 year olds, __ 13-14 year olds

Why did you pick your highest group? _____

Why did you pick your lowest group? _____

List all of your current certifications from American Red Cross, Scouts, YMCA, or other. List certifying organization, date obtained, and expiration date for each of the following:

Water Safety Instructor (WSI) _____ Obtained _____ Expires _____
 Lifeguard _____ Obtained _____ Expires _____
 Standard First Aid _____ Obtained _____ Expires _____
 CPR _____ Obtained _____ Expires _____
 Archery Instructor _____ Obtained _____ Expires _____
 Coaching _____ Obtained _____ Expires _____
 Other _____ Obtained _____ Expires _____

In the following list, put a number “1” beside those activities you can organize and teach, “2” for those activities in which you can assist, and “3” for those which are just areas of personal interest.

<u>ARTS & CRAFTS</u> <input type="checkbox"/> Basketry <input type="checkbox"/> Ceramics <input type="checkbox"/> Jewelry <input type="checkbox"/> Macramé <input type="checkbox"/> Metal Work <input type="checkbox"/> Native American <input type="checkbox"/> Nature Crafts <input type="checkbox"/> Newspaper <input type="checkbox"/> Painting <input type="checkbox"/> Paper Mache <input type="checkbox"/> Sketching <input type="checkbox"/> Other (list)	<u>CRAFTS & PIONEERING</u> <input type="checkbox"/> Camp Crafts <input type="checkbox"/> Hiking <input type="checkbox"/> Orienteering <input type="checkbox"/> Outdoor Cooking <input type="checkbox"/> Overnight Camping <input type="checkbox"/> Low Ropes Course <input type="checkbox"/> High Ropes Course <input type="checkbox"/> Knots	<u>MUSIC</u> <input type="checkbox"/> Lead Singing <input type="checkbox"/> Guitar <input type="checkbox"/> Piano <input type="checkbox"/> Recorder <input type="checkbox"/> Bugle <input type="checkbox"/> Other (list)	<u>MISCELLANEOUS</u> <input type="checkbox"/> Campfire Programs <input type="checkbox"/> Evening Programs <input type="checkbox"/> Theme Days _____
<u>WATER FRONT</u> <input type="checkbox"/> Canoeing <input type="checkbox"/> Swimming <input type="checkbox"/> Water Polo <input type="checkbox"/> Life Saving	<u>DANCING</u> <input type="checkbox"/> Ballet <input type="checkbox"/> Folk <input type="checkbox"/> Modern <input type="checkbox"/> Square	<u>SPORTS</u> <input type="checkbox"/> Archery <input type="checkbox"/> Badminton <input type="checkbox"/> Basketball <input type="checkbox"/> Baseball/ Softball <input type="checkbox"/> Fishing <input type="checkbox"/> Frisbee <input type="checkbox"/> Ping-Pong <input type="checkbox"/> Soccer <input type="checkbox"/> Touch Football <input type="checkbox"/> Track & Field <input type="checkbox"/> Volleyball <input type="checkbox"/> Other (list)	Farming/Gardening <input type="checkbox"/> Juggling <input type="checkbox"/> Story Telling <input type="checkbox"/> First Aid <input type="checkbox"/> Rock Climbing <input type="checkbox"/> Poetry <input type="checkbox"/> Creative Writing <input type="checkbox"/> Other (list)

Briefly describe yourself.

What personal characteristic would you most like to improve?

Rate yourself on the following qualities (1-10) 1 = poor, 10 = excellent

Patience___ Sense of Humor___ Motivation___ Ability to Follow Orders___ Honesty___
Common Sense___ Flexibility___ Resourcefulness___ Time Management___ Self
Discipline___

What do you imagine will be your greatest difficulty while at camp? _____

What Contributions do you think a well-run camp can make to children? _____

What contributions do you think you can make at camp? _____

BIOGRAPHY- Family, Background, responsibility at home and elsewhere, interests, aims, education, specialized training, skills, and any experience not mentioned before which you consider relevant to this application. Attach another sheet of paper if necessary.

At the request of our insurance and to protect our campers, we ask if you have ever been accused, arrested, or convicted of any form of child abuse or sexual molestation? _____

Signed _____

Date _____

References

Please list at least 3 people. No more than 1 may be related.

1. Name _____ Phone _____
Address _____
Occupation _____ Relationship _____
How long have you known this person? _____

2. Name _____ Phone _____
Address _____
Occupation _____ Relationship _____
How long have you known this person? _____

3. Name _____ Phone _____
Address _____
Occupation _____ Relationship _____
How long have you known this person? _____

4. Name _____ Phone _____
Address _____
Occupation _____ Relationship _____
How long have you known this person? _____