



2010 Camp Care Counselor's Application

July 19 - July 23, 2010
8:30 a.m. – 4:30 p.m.

Note: Counselors must be **16 years of age** and available for **entire** camp session.

Name _____ Address _____

City _____ Zip Code _____ Home Phone _____

Cell Phone _____ E-Mail Address _____ Sex _____ Age _____

Name, phone and relationship of person to contact in emergency _____

Where do you attend school or level of education? _____

Have you ever been a Camp Care counselor before? If so, list the years. _____

Have you ever been a camp counselor for YMCA, BREC, school or other organization?

List any courses that you have taken that would relate to working with children.

What do you think are the most important aspects to being a good counselor?

What contributions do you think you can make to camp and the children?

What qualities/characteristics do you feel you possess which will make you an effective counselor?

Please list some of your hobbies, fun things you like to do, accomplishments, etc.

Shirt Size (circle): Small Medium Large Extra Large

* * * * *

BY LAW, ALL VOLUNTEERS 18 YEARS OF AGE OR OLDER MUST AGREE TO UNDERGO A CRIMINAL BACKGROUND CHECK PRIOR TO WORKING WITH CHILDREN.

Please return completed form no later than April 30, 2010 to Cancer Services of Greater Baton Rouge, 550 Lobdell Ave., Baton Rouge, LA 70806. *NOTE: Early applicants will be placed first on the list of applicants for consideration of this enriching experience.*

ALL APPLICANTS WILL BE INTERVIEWED PRIOR TO ACCEPTANCE IN THIS PROGRAM!

* * * * *

To be completed by parent or guardian if under 18 years of age:

_____ has my permission to attend Camp Care as a counselor, participate in all activities including swimming and field trips, and appear in photographs and on television for awareness purposes. In the event that I or emergency contact cannot be reached, I give my permission for camp personnel to secure proper treatment for my child.

Signature of Parent or Guardian

Date

Printed Name