



ELINGS PARK

Counselor in Training Application 2009

APPLICANT INFORMATION

Date: _____

Name (Last, First, MI): _____

Parent Name: _____ Emergency Phone: (____) _____

Street Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email Address: _____

Dates available (please circle as many as apply):

June 15 – June 19

July 13 – July 17

June 22 – June 26

July 20 – July 24

June 29 – July 3

July 27 – July 31

July 6 – July 10

August 3 – August 7

August 10 – August 14

Nature & Games Camp: _____

Sports Activity Camp: _____

High School Attending: _____

Year in High School (in Fall 2009; if applicable): _____

Please describe any experience you have with working with children, camps, volunteer work or any other relevant information you would like to share:
