

Camp Lawrence



CAMP ADDRESS:
68 E. 700 N.
Valparaiso, Indiana 46383
Phone: (219) 462-8243



BUSINESS ADDRESS:
7725 Broadway, Suite C
Merrillville, Indiana 46410-4787
Phone: (219) 736-8931
Fax: (219) 736-9457
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COUNSELOR-IN-TRAINING APPLICATION

(Please print clearly)

Date: _____

Full Name (Last) _____ (First) _____ (Middle) _____

Home Address (Street) _____ (City) _____ (State) _____ (Zip) _____

E-Mail address _____

Home Phone _____ Emergency Phone _____

Age _____ Birth Date _____ Social Security _____

EDUCATION

Grade School _____ Number of Years Completed _____

High School _____ Number of Years Completed _____

Have you ever attended Camp Lawrence or any other camp? Yes _____ No _____

What camp? _____ Where? _____ When? _____

Why are you applying for the position of Counselor-In-Training at Camp Lawrence? _____

What are some of the qualities you possess that would influence, in a positive way, the children we serve? _____

Describe those qualities that you feel would make you a vital member of our camp staff: _____

Please summarize any experiences you may have had working with children. Please indicate the age level of each experience.

(Please fill out the REFERENCE section on the next page)

REFERENCES

References should not be immediate family members but people for whom you have worked and/or who have first hand knowledge of your character. References should include the person's name, address, phone number and relationship to you. *(Must have at least three references listed.)*

Reference #1 _____
(Full Name) (e-mail address)

(Complete Address) (Daytime Phone Number)

(Relationship to You)

Reference #2 _____
(Full Name) (e-mail address)

(Complete Address) (Daytime Phone Number)

(Relationship to You)

Reference #3 _____
(Full Name) (e-mail address)

(Complete Address) (Daytime Phone Number)

(Relationship to You)

Note: Criminal Background checks will be requested.

Additional Comments: