

CAMP POINT CLEAR-Counselor Application

Please return to:

Patty Mayeux
312 Rutherford Street
Summerville, SC 29483
mayeuxs@bellsouth.net

NAME IN FULL:

Nickname:

HOME ADDRESS:

Email address:

CELL PHONE #

DATE OF BIRTH:

AGE:

FATHER'S NAME:

FATHER'S ADDRESS:

EMAIL:

FATHER'S PHONE NUMBERS home:

cell:

MOTHER'S NAME:

MOTHER'S ADDRESS:

EMAIL:

MOTHER'S PHONE NUMBERS home:

cell:

WHO DO YOU LIVE WITH?

YOUR HIGH SCHOOL:

COLLEGE:

CURRENT CLASSIFICATION IN SCHOOL:

YOUR EXPERIENCE WORKING WITH CHILDREN:

YOUR PAST CAMPING EXPERIENCE:

GIVE NAMES OF CAMPS PREVIOUSLY ATTENDED:

LIST IN ORDER THREE ACTIVITIES YOU ARE QUALIFIED AND WOULD LIKE TO TEACH.

YOU MUST HAVE SUCCESSFULLY COMPLETED THE RED CROSS LIFEGUARD SAFETY COURSE BEFORE THE CAMP SESSION BEGINS TO TEACH ANY WATER SPORT.

- 1.
- 2.
- 3.

WHAT IS YOUR EXPERIENCE IN THE SPORT YOU WOULD LIKE TO TEACH?

PLEASE LIST THREE PERSONS (OTHER THAN FAMILY) WHO ARE IN A POSITION TO RECOMMEND YOU ON THE BASIS OF YOUR ABILITIES TO HANDLE CHILDREN AND TEACH THE ACTIVITIES YOU LISTED. YOUR BEST REFERENCES ARE FROM SOMEONE YOU HAVE WORKED FOR (EXAMPLES: BABYSITTING, DAYCARE, ETC.) *Please put full name and mailing address.

1. NAME:

ADDRESS:

PHONE:

EMAIL:

2. NAME:

ADDRESS:

PHONE:

EMAIL:

3. NAME:

ADDRESS:

PHONE:

EMAIL:

HAVE YOU EVER BEEN ACCUSED OR CONVICTED OF CHILD ABUSE OR ANY OTHER CRIME?

YOU WILL NEED TO PROVIDE US WITH A CRIMINAL BACKGROUND CHECK within 30 days BEFORE CAMP BEGINS.

ANY KNOWN ALLERGIES? (INCLUDING MEDICATIONS) :

IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED, PLEASE LIST THREE OTHER RELATIVES AND THEIR PHONE NUMBERS:

1. Name:

Phone number:

2. Name:

Phone number:

New Counselors ONLY:

***PLEASE ATTACH A COPY OF:**

-YOUR DRIVER'S LICENSE

-SOCIAL SECURITY CARD

-YOUR HEALTH INSURANCE CARD.

YOUR HEALTH INSURANCE CARD IS REQUIRED FOR DOCTOR VISITS. ACCIDENTS ARE COVERED UNDER CAMP'S INSURANCE. If your insurance has changed since last year, please send me your new one. This is important.