



Application for Counselor

Full Name: _____ **Preferred Name:** _____

Address: _____

City & State: _____ **Zip:** _____

Cell Phone: _____ **Date of Birth:** ____/____/____

Email : _____

Year as of June 1st (circle): Freshman Sophomore Junior Senior

1. Describe your experience with children or teens with disabilities:

2. What activities or clubs do you participate in?

3. What leadership roles have you held at your school or in your community?

4. Give examples of times you have had to work as a team member. Was it a successful experience? If not, why?

5. When and how would you handle a conflict with a co-worker? With your team leader?

6. Explain how your hobbies, activities, or interests might be useful at Camp:

7. Define what being a good role model means to you.

8. Have you ever been a Camp Counselor at Camp Imagine? No ___ Yes ___
How many Years_____

9. Is there anything else you'd like to share that we should consider when reviewing your application?

10. List two references, their position, and their contact information:

Your signature and date: _____

Please email application to: hedel@campimagine.org

