

Application for Assistant

Full Name: _____ Preferred Name: _____

Address: _____

City & State: _____ Zip: _____

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

Email : _____

Name of College or year of High School graduation:
_____

Intended major: _____

Currently (circle): Freshman Sophomore Junior Senior Graduate

1. Describe your experiences 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 !magine? 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: _____

Please email application to: hledel@campimagine.org