

# Camp Troll Fjell

## APPLICATION FOR CAMP COUNSELOR POSITION

NAME \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ (For tax reporting purposes)

EDUCATIONAL LEVEL \_\_\_\_\_

Have you been a camper at District 6 Language/Heritage Camp \_\_\_\_\_

If yes, what years did you attend? \_\_\_\_\_

Any other camp experience? NAME OF CAMP: \_\_\_\_\_

YEARS OF ATTENDANCE? \_\_\_\_\_

Names of any Youth Organizations/ Clubs you belong to: \_\_\_\_\_

Do you have experience, interest, or skills in any of the following?

Vocal Music \_\_\_\_\_ Instrument \_\_\_\_\_ Drama or other art form \_\_\_\_\_

Science (field) \_\_\_\_\_ Athletics (sports) \_\_\_\_\_

Swimming (what American Red Cross awards/level) \_\_\_\_\_

Other skills or interests \_\_\_\_\_

You may use additional pages to elaborate on anything that may be pertinent to being a counselor.

Please include on the back of this form the name, addresses, phone number and email address of three adults (not relatives) who we can be contacted as references.

I PLEDGE THAT DURING THE TIME I AM A COUNSELOR AT THE SONS OF NORWAY LANGUAGE/HERITAGE CAMP I WILL NOT USE TOBACCO, ALCOHOL, OR ANY FORM OF DRUGS.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return this application no later than June 1, to the Assistant Camp Director.**