

ADDISON PARK DISTRICT



Leisure for your lifestyle.

Jr. Camp Counselor Application

Name: _____ Email: _____

Address: _____

Street

City

State

Zip Code

Phone: _____ Birth date: _____

Education

School/Program Currently Attending: _____

Experience

List all clubs, organizations, etc. you are affiliated with:

List all extracurricular activities or hobbies:

List volunteer experiences you have with any organization or as an individual:

List previous experience working with children:

Why are you interested in becoming a Junior Counselor?

What qualities do you possess that will assist you in being a strong Junior Counselor?

Please list three references (no relatives) who can comment on your character and ability to perform as a Junior Counselor?

1.

Name	Email	Phone Number	Relationship
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2.

Name	Email	Phone Number	Relationship
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3.

Name	Email	Phone Number	Relationship
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I certify the above answers given by me are true and correct. I have read the enclosed information and understand that it is a volunteer position for which I am applying. I agree to the responsibilities, policies, rules, regulations, and philosophies of the Addison Park District Day Camp.

Signed: _____ Date: _____

I have the enclosed information and the above statements and agree that he/she may participate in the volunteer at Addison Park District, and that, as a parent/legal guardian, I will support the camp policies to the fullest.

Parent/Guardian Signature: _____ Date: _____

Please return to:

David MacDonald

1776 Centennial Place

Addison, IL 60101