Camp Vision Counsellor Application

Position applying for: _____Senior Counsellor (18 yrs old or older)

_____ Junior Counsellor (16 yrs old or older)

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Address: _____

City: _____ **Postal Code:** _____

Home Phone: _____ **Cell Phone:** _____

School: _____

Grade Completed: _____ **Are you a returning student? Y**_____ **N**_____

If no, what school will you be attending in the fall?_____

_____

Do you currently have a job? Y_____ **N**_____

If yes, where do you work? Will you be working during the summer months?

_____

_____

_____

_____

Have you worked at Camp Vision or another Day Camp before?

Y_____ N _____

If yes, in what capacity? _____

_____

Please list any previous experience working with children.

_____

_____

_____

_____

Do you have first aid training?

Y_____ N _____

List any other qualifications or training you may have received that would be of benefit to Camp Vision: _____

_____

_____

_____

_____

Are you a team player? Explain: _____

_____

_____

_____

_____

Please comment on you understanding of the principle of submission to authority: _____

_____

_____

_____

_____

How is your daily walk with the Lord (devotions, prayer and church attendance?) _____

_____

_____

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_____