



Counselor In Training Application 2018

Personal Information

Name: _____
Last First Middle Initial

Address: _____
Number Street City State Zip

Phone: (____)____-____ Cell Phone:(____)____-____

Current Grade:____ Birth date: __/__/____ Age:____ *Email:_____

** You be emailed to schedule an interview, please provide an email address you will be checking.

Parent Contact information

Name: _____ *Email:_____

Phone number (____)____-____ Cell Phone number (____)____-____

Interests/experience

Please describe your interest and/or experience with:

Children (siblings, babysitting, etc.) _____

Teaching (helping others learn, tutoring, etc.) _____

Outdoor skills (hiking, biking etc.) _____

Explain why are you interested in being a Counselor In Training. _____

TURN THE PAGE OVER TO COMPLETE THE OTHER SIDE.

