

**YCS SUMMER CAMP
JOB APPLICATION FORM - COUNSELOR**

NAME: _____ DOB: ____/____/____

POSITION(S) APPLYING FOR (Circle at least one):

COUNSELOR OVERNIGHT COUNSELOR SUPERVISOR

YCS PRIMARY JOB REGION (circle one): NORTHERN SOUTHERN

SITE: _____ POSITION: _____

DAYS/TIMES OF SHIFT: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

CIRCLE ONE: SEX: M F T-SHIRT SIZE: S M L XL XXL XXXL VEGETARIAN: Y N

Have you worked as a counselor at YCS Summer Camp (circle one)? Yes No

If yes, suggest one way to improve camp:

If yes, suggest one thing you can do to improve yourself as a camp counselor/supervisor:

If no, describe any experience with children in other camp settings, including dates and locations:

On a scale of 1 to 10 (where 1 is the lowest and 10 is the highest), how would you rate your level of skill in using the Electronic Client Records (ECR)? _____

NAME: _____ DOB: ____/____/____

Are you willing to work with children from other sites? Please check one:

____ Yes ____ No If no, why not? _____

If you are a female applicant, are you willing to work with (Please check one):

____ Males only ____ Females only ____ Either males or females

Describe the skills/strengths that you have that would contribute to the success of camp:

Describe the differences and similarities between the experience and skills of your present position as compared to being a camp counselor/supervisor:

Describe any reasons that may prevent you from physically participating in a full range of activities such as swimming, field sports and hiking:

By signing this application, I verify that all information is accurate.

Applicant's signature

The section below is to be completed by the supervisor and Administrator/Principal of the applicant:

Do you recommend this applicant to work as a staff member of the YCS Summer Camp?

____ Yes ____ No ____ Not sure

Please explain your response: _____

Supervisor Signature Date CRS, if on staff Date

Administrator/Principal Signature Date

Approved by: _____
Interviewer Signature Camp Administrator Signature

Date Date