



Summer (June 6-Aug. 31)  
 PO Box 570  
 Jaffrey, NH 03452  
 Tel: 603-563-8531  
 1-800-352-9102  
 Fax: 603-563-8129

Winter: (Sept.-June 6<sup>th</sup>)  
 36 Franklin Ct.  
 Garden City, NY 11530  
 Tel: 516-747-1326  
 1-800-352-9102  
 Fax: 516-747-1328

## COUNSELOR APPLICATION

Please Fill Out and Complete the Entire Application

### CONTACT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I prefer to be contacted by: ( ) cell phone # ( ) email ( ) permanent address ( ) current address [indicate with an X]

### EDUCATION

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_

Degree: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

### CAMP EXPERIENCE (camper or staff)

Position	Camp	Location	Dates

### WORK EXPERIENCE

Position	Employer	Supervisor	Phone #	Dates

### REFERENCES (THREE NON-RELATIVES WHO HAVE KNOWLEDGE OF YOUR CHARACTER AND YOUR ABILITY)

Name	Relationship	Phone Number	Email Address

GENERAL QUESTIONS

DO YOU HOLD:

	Y	N	Expiration Date
Current Red Cross Lifeguard Training Card			
Current Red Cross CPR Card			
Current Red Cross First Aid Card			
Current Red Cross Water Safety Instructor Rating			
Valid U.S. Drivers License/International Drivers License			

OTHER: (please list including all certificates and/or international equivalents in any area)

Do you have any dietary restrictions? ( ) Yes ( ) No

If yes, please explain:

Do you smoke? ( ) Yes ( ) No If yes, would you be willing to not smoke on camp? ( ) Yes ( ) No

**\*\*Camp Wa-Klo has a zero tolerance for drugs, alcohol, tobacco, and weapons on camp property. Smoking is prohibited on camp grounds. For the safety of all, Camp Wa-Klo does not allow anyone at camp to have weapons at any time. If a camper or member of the staff chooses to violate these policies while under the care and authority of Camp Wa-Klo, they will be immediately removed from the camp community and taken to the next available transport home.\*\***

Have you ever been convicted for any crime, including sex-related or child abuse related offenses? ( ) Yes ( ) No

If yes, please explain:

**\*\*Wa-Klo performs a criminal background check on all employees.\*\***

BRIEFLY ANSWER THE FOLLOWING

What interests you about becoming a camp counselor?

What kind of background, special training, personal experiences, and/or skills qualifies you for this job?

What would you like campers and staff to remember about you after the summer?

(Please attach a separate page if necessary to explain answers)

## ACTIVITIES

Indicate your expertise in each of the following activities.

Mark: (1) after activities you can TEACH as an expert

(2) after activities you can ASSIST

(3) after activities you have some LIMITED EXPERIENCE

DANCE		FINE ARTS		DRAMA	
Ballet		Batiking		Play Directing-Musicals	
Choreography		Ceramics		Play Directing-Dramas	
Hip Hop		Jewelry		Acting Workshop	
Jazz		Macramé		TUTORING	
Tap		Mask Making		English	
Folk		Painting		English as a Second Lang.	
Modern		Sketching		Math	
Broadway style		Tie Dye		Reading	

WATER SPORTS		LAND SPORTS		ANIMAL CARE	
Canoeing		Archery		Goats	
Crew		Basketball		Calf	
Kayaking		Cycling		Rabbits	
Rowing		Field Hockey		Sheep	
Sailing		Horse Back Riding English			
Skiing		Lacrosse		MISCELLANEOUS	
Ski Boat Driver		Running		Cheerleading	
Swimming		Soccer		Computer	
Synchronized Swim		Softball		Photography	
Wakeboarding		Tennis		Secretarial	
Windsurfing		Ultimate Frisbee		Touch football	
		Volleyball			
GYMNASTICS		Fitness		MUSIC	
Balance Beam		Aerobics		Guitar	
Free Exercise		Weight training		Piano	
Tumbling		Cardio machines		Lead Group Singing	
Vaulting				Vocal	
OTHER:					

In order, what 3 activities would you like to instruct and are qualified to do so?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please specify in the space below any experience in the above activities that may qualify you to instruct them.

What is a good time to contact you to discuss your application? (times /days) \_\_\_\_\_

What dates are you available to work? *(For counselors, 9 weeks of work begins mid-June to mid-August. Please give all June and August dates that you are available to work.)*

From \_\_\_\_\_ To \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

PLEASE MAIL/FAX/EMAIL COMPLETED APPLICATION:  
Camp Wa-Klo for Girls  
36 Franklin Court  
Garden City, NY 11530  
FAX: 516-747-1328  
EMAIL: schenet@campwaklo.com

NOTE: Completion of this application form does not require Camp Wa-Klo to offer employment.

*I certify that the answers on this application are true. I will notify Camp Wa-Klo should situations or answers on this form change between completion of the application and the beginning of camp.*

By submission of this application to Camp Wa-Klo, I understand and agree to the above statement and to the other policies found in the application.

*Please attach any additional relevant information on a separate page such as copies of certifications.*

**SIGNATURE:**

\_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

Director: Virginia E. Maurer, MD  
Assistant Director: Susan R. Chenet, MFA