

Winding Trails Summer Day Camp Counselor-In-Training Application

Name:

Date:

Address:

City:

State:

Zip:

Cell Phone:

Email:

Middle School:

Year Graduated(ing):

High School:

Year Graduating:

REFERENCES: List three people, not relatives or peers, who have knowledge of your character, experience, and abilities. Be sure reference forms are completed and returned to Winding Trails BY THE REFERENCE.

Name

Address**Phone**

1)

2)

3)

EXPERIENCE: List all activities in which you have been involved. i.e., sports, religious groups, music, clubs and/or volunteer activities. *(Please attach additional paper if needed)*

Activity

Location

of years involved

SWIM LESSON EXPERIENCE:	Last swim level completed:
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Location:

CAMP EXPERIENCE: Have you ever been a camper? (Circle one) No Yes

(If yes, list below)

Name & Location of Camp

Number of Years

Type-Day or Overnight

CERTIFICATIONS: List certificates you hold in: aquatics, first aid, CPR, baby-sitting, boating, etc.

Certification:

Expiration:

Please attach an essay explaining why you want to be in the program and what you hope to gain by being a Counselor-In-Training.

Applicant Signature

Date:

Affirmative Action: Government agencies require reports on the status of applicants. This data is for analysis and affirmative action only.

Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive.

Sex: Male Female

Ethnicity: Asian

Black or African American
Native American

Hispanic or Latin

White or Caucasian

Pacific Islander

African American
Native American

Other Ethnicity

For further information on Winding Trails, Inc. please visit our website: www.windingtrails.org

Please return application to 50 Winding Trails Drive, Farmington, CT 06032 or Email camp@windingtrails.org