

1455 Fowler St. Richland, WA 99352 (509) 783-1131 Fax (509) 735-7706 www.arcoftricities.com

Summer Camp Counselor 2019 Application

In the spaces below, write 'N/A' if not applicable. Please attach additional information as needed								
LIT INFORMATION								
First Name	Last Name			Date of Birth		A	lge	Gender
Address		Apt	City	S		State	ate Zip	
Name of Apartment, Mobile home park or Facility:					School			
•								
Phone #	T-shirt Size							
What Sahaal do you attend?		1ED 🗆	LRG		2XL 🗆 3XI	_		
What School do you attend?								
Grade	E-mail Addres	E-mail Address						
Have you been an LIT before?								
EMERGENCY CON	TACT INFORMA	ΓΙΟΝ						
First Name	Last Name		Cell Phone		ne	Home Phone		Phone
Address		Apt	City			State		Zip
Employer		Relat	Relation					

Questions
Why do you want to become a Summer Camp Counselor?
What volunteer experience do you have?
Do you have any health issues or allergies that might affect your participation in Partners 'N Pals summer camp? We swim,
jump, lift and run daily.
What are your strengths?
What are your weaknesses?

If you are selected for the Summer Camp Counselor position, how do you hope it will benefit you?

What do you like to do in your spare time? Likes, hobbies, interests?

What are your plans for your future?

How did you hear about Partners 'N Pals Summer Camp?

Interview Setup

Have you set you set up your interview time and date?

Weeks	What weeks are you available? PNP (choose at least 4 weeks)		
Week 1	Wed, June 19 - Fri, June 21 (3 Days)		
Week 2	Mon, June 24 – Fri, June 28		
Week 3	Mon, July 1 – Wed, July 3 (3 Days)		
Week 4	Mon, July 8 – Fri, July 12		
Week 5	Mon, July 15 – Fri, July 19		
Week 6	Mon, July 22 – Fri, July 26		
Week 7	Mon, July 29 – Fri, August 2		
Week 8	Mon, August 5 – Fri, August 9		
Week 9	Mon, August 12 – Fri, August 16		

Weeks	What weeks are you available? PNP JR (choose at least 2 weeks)We	
Week 1	Mon, July 15 – Fri, July 19	
Week 2	Mon, July 22 – Fri, July 26	
Week 3	Mon, July 29 – Fri, August 2	
Week 4	Mon, August 5 – Fri, August 9	

Applicant Signature_____ Date_____