

NAME: _____

last first initial

TELEPHONE: () _____ 1st SESSION CHOICE: _____

DATE OF BIRTH_____

Have you attended any of our programs: Yes:___No:_____If yes, please list_____

Please list your hobbies, interests, school clubs or organizations_____

What personality traits do you hold that will be helpful should you be assigned as a junior counselor

Do you have any previous history working with children:_____

What do you believe is the most important job of a junior counselor?_____

Briefly explain why being a junior counselor is important to you:_____

You just won junior counselor of the year voted by your peers and supervisors, why?

Participant's Signature_____Date_____

Parent's Signature _____ Date _____

APPLICATION IS DUE NO LATER THAN JUNE 1, 2018