

APPLICATION FOR SUPER MEGA COUNSELOR

Name _____ Phone _____

Address _____ Zip _____

Age _____ College _____ Year(this year) _____ T-shirt size _____

E-Mail Address _____

Previous Camp Counselor (or counselor in training) Experience: (no. of years) _____

Name of Camp _____

Director of Camp whom we may contact _____

_____ Phone _____

Experience working with younger children (what) _____

_____ (where) _____

Why would I like to be a counselor at Camp? _____

Age of campers I would like to be in charge of _____

What could I add to Camp Crescendo that would be helpful? _____

What special talents or skills do I have that would benefit Camp Crescendo?

What classes would I feel comfortable teaching? (Check the list of electives in the web site) Why? _____

What is the strongest reason I could give for why Camp Crescendo should hire me?

What is the area that I am the weakest in? _____

List two references:

1. Name _____
Address _____
Phone _____
 2. Name _____
Address _____
Phone _____
-

Must be submitted to Pamela Link no later than April 1st, 2008.

Pamela Link
5011 Wildrye Dr.
Boise, Idaho 83703

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(208) 345-7003

1 (866) 543-5267 (Toll Free)



I CAN ATTEND SESSION I IDAHO (JUNE 8 --- JUNE 13) _____
I CAN ATTEND SESSION II IDAHO (JUNE 15 --- JUNE 20) _____

I understand that it will be necessary for me to attend a Super Mega Counselor meeting on June 6th and to be at the Idaho camp site on June 7th.
