

# CAMP WEST JUNIOR COUNSELOR APPLICATION

Junior counselors must have completed 8<sup>th</sup> grade to apply.

We could not do it without our volunteers! Please note that this application is for a volunteer position. Please **circle the week(s) that you are available to volunteer**. Please submit a digital photo along with your application. **Training is mandatory for all counselors.**

**Mandatory Training Day: Saturday June 4<sup>th</sup> (8am-12pm)**

June 6-10, June 13-17, June 20-24, June 27-July1

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security number \_\_\_-\_\_\_-\_\_\_ (All employees and volunteers must submit to a background check.)

Applicant's Cell Phone \_\_\_\_\_ Applicant's Email \_\_\_\_\_

Parent's cell phone \_\_\_\_\_ Parent's Email \_\_\_\_\_

(Please list a working email that you check often)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Have you ever volunteered at Camp West before? \_\_\_\_\_

If yes, how many weeks did you work last summer? \_\_\_\_\_

What other organizations have you volunteered before? \_\_\_\_\_

Are you CPR certified? \_\_\_\_\_ Are you a lifeguard? \_\_\_\_\_

What school do you attend? \_\_\_\_\_ Highest grade completed? \_\_\_\_\_

What church do you attend? \_\_\_\_\_

What leadership positions have you held in the past?

\_\_\_\_\_

\_\_\_\_\_

Why do you want to volunteer at Camp West?

\_\_\_\_\_

\_\_\_\_\_

Please submit completed application to: Melissa Spigener at [mspigener@faithwest.org](mailto:mspigener@faithwest.org)