Counselor Information Sheet

Name:_____ Age:_____ Birth Date:_____

Your e-mail address:_____

___vegetarian   ____non vegetarian

What are your favorite things to eat?

Is there anything you won't eat or are allergic to?

Please check all of the certifications/training you have:

___ First Aid (___current ___ expired)

___ CPR (___current ___ expired)

___ Baby-sitting training (___current ___ expired)

___ Red Cross Life Saving (___current ___ expired)

___ Red Cross Water Safety Instructor (___current ___ expired)

Swimming ability:

___ non swimmer

___ beginning swimmer

___ good swimmer

___ excellent swimmer

Canoeing ability:

___ never canoed before

___ have canoed before

___ skilled paddler

Please list other training or certification you have that might be useful during camp:

Counselors will provide leadership at various times during the day. . . especially during games first thing in the morning, with your buddy group, while participating in all camp meetings (morning circle and closing circle) and during anything goes. Please list any and all leadership experience you have. (Groups you have led, classes you have taught, group facilitation/conflict resolution skills you have, etc.):

Counselors will help lead cooperative games every morning.
_____ Please check here if you love games and would like to help lead games (whether you know any or not at the moment!)
Please list any and all cooperative games that you know well enough to lead:

Counselors will teach during anything goes. Please list any and all skills, talents, activities, games, etc. that you can share with campers:

Please list materials you will need in order to lead the activities you listed above:

What are you looking forward to most about camp?

What do you think will be the most difficult part of camp?

Are there any other things we should know about you so we can support you in having a great camp experience?