



Clearwater Camp for Girls

Summer Counselor Application Form

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We welcome all who are interested in giving of themselves to the lives of young girls. We will consider every application carefully, looking to see that all the Clearwater qualifications and character standards are met. Please complete Part I and Part II of the application, then request and give out the enclosed three references to be completed. Part I, II and a current photo should then be sent by the applicant to:

Clearwater Camp, 7490 E. Clearwater Rd. Minocqua, WI 54548 (715-356-5030)

All parts of the application, including references, must be returned prior to your application being processed.

PART I

Date _____

Name _____ Date of Birth _____ Age _____

Present (College) Address _____

City/ State/ Zip _____

Phone # (present) _____ (cell) _____

Name of College/ University (if applicable) _____

Permanent or Parent (s) Address _____

City/ State/ Zip _____

Phone # _____

Email: _____ Social Security # _____

Religious Preference (optional): _____ T-Shirt size : S M L XL

Fields of Study: _____

Date of Expected Degree: _____

Please list your Post High School Education:

NAME OF SCHOOL	ADDRESS	YEARS ATTENDED

Please complete the following

List any experience or training working with young people between the ages of 8 and 16:

At Clearwater most of the counselors are in charge of and live with a camper cabin group. With what age group do you prefer to work? 8-10 years old _____ 11-12 years old _____ 13-16 years old _____
State your reason(s) for this preference:

Please list any previous camp experiences you have had; when and where _____

Please list any clubs, organizations, offices, teams, church or other community or campus activities in which you are involved.

Do you play a musical instrument(s)? If so, what? _____

Would you be willing to play before a camper audience? _____

Do you have any visible body piercing? Yes _____ No _____

If yes, please list location(s) _____

Please prepare a clear statement on a separate sheet of paper that answers the following questions.

- *What experiences have you had which you consider to be a valuable background for a camp counselor?*
- *What contribution do you feel that you could make to Clearwater Camp?*
- *What impact do you think a camp experience can have on young women?*
- *How can we create an environment that values the best efforts of campers apart from award-based motivation? What is the benefit of this approach?*

IMPORTANT DATES:

Staff start date: **6:00 p.m. Sunday, June 12th 2011**

This begins our required staff training session.

Staff end date: **the morning of Saturday, August 13th, 2011**

PART II

Please indicate any of the following certifications that you currently hold or will hold prior to June 1st.

	Certifying Organization	Expiration date
First Aid	_____	_____
Advanced First Aid	_____	_____
CPR	_____	_____
EMT (Emergency Medical Tech)	_____	_____
Lifeguarding - Basic	_____	_____
Lifeguarding - Waterfront Cert.	_____	_____
WSI (Water Safety Instructor)	_____	_____
WFA (Wilderness First Aid)	_____	_____
WFR (Wilderness First Responder)	_____	_____
CDL (15 + passenger Drivers License)	_____	_____
CHA Instructor (Horsemanship)	_____	_____
Sailing Instructor (smallboat, multihull, keelboat)	_____	_____
Paddling Instructor (Canoeing/Kayaking)	_____	_____
Other	_____	_____
Other	_____	_____

The following is a list of major activities taught at Clearwater Camp. All counselors either teach or assist in activities. Please indicate those that you feel comfortable instructing by placing a #1 before them. Put a #2 before those in which you could or would like to assist and a #3 before those that are a hobby or just an interest for you.

_____ Archery	_____ Fishing	_____ Ropes Course
_____ Arts and Crafts *	_____ Fitness	_____ Rowing
_____ Canoeing	_____ Hiking/Backpacking	_____ Sailing
_____ Canoe Tripping	_____ Kayaking	_____ Swimming
_____ Creative Writing	_____ Nature/Ecology	_____ Tennis
_____ Drama	_____ Orienteering	_____ Water-skiing
_____ English Riding	_____ Photography/Darkroom	_____ Windsurfing

* Specific Kinds of Crafts (ceramics, basket-weaving, paints, stained glass, etc.) _____

The following list of activities are those we do occasionally. Please place an X by those you enjoy, could organize or lead.

Aerobics _____	Interpretive Dance _____	Improvisation _____	Stamping _____
Basketball _____	Square Dance _____	Inspirational Leader _____	Storytelling _____
Diving _____	Games/Initiatives _____	Scrap booking _____	Tumbling _____
Dance _____	Land Games _____	Soccer _____	Volleyball _____
Folk Dance _____	Water Games _____	Song Leader _____	Water Polo _____

NAME _____ **DATE** _____

REFERENCES:

Please list the names and following information of the three adults whom you will use as personal references. Please give them the enclosed reference form to fill out and return to us directly. References must be persons who :

- Are NOT relatives but who know you well as a person
- Have known you at least 2 years and have knowledge of your skills and abilities
- Have consented and are willing to be contacted

Name _____
 Address _____
 City/ State/ Zip _____
 Phone # (day time) _____ (evening) _____
 Relationship _____

Name _____
 Address _____
 City/ State/ Zip _____
 Phone # (day time) _____ (evening) _____
 Relationship _____

Name _____
 Address _____
 City/ State/ Zip _____
 Phone # (day time) _____ (evening) _____
 Relationship _____

The Law requires that any organization working with youth must obtain the following information from prospective employees. The following information will be kept confidential.

A. Have you ever been convicted of or pleaded guilty to a crime?
 Yes _____ No _____
 If yes, please explain : _____

B. Have you ever been charged with or convicted of abuse or molestation?
 Yes _____ No _____
 If yes, please explain: _____

C. Do you have a current driver's license? Yes _____ No _____
 State of issue: _____
 License #: _____
 Birthdate: Month _____ Day _____ Year _____

I attest that all information included in this application is true and correct:

Applicant's Signature: _____ **Date:** _____