

KIDS-IN-MOTION CAMP
RETURNING Counselor and Support Counselor
APPLICATION

Date: _____

Name of applicant for camp position _____

Address _____

City _____ State _____ Zip _____

Phone(day): _____ (evening): _____

Date of birth (include year): _____ Age: _____

Level of education completed: _____ School or Univ: _____

Church: _____

Position applying for: (check one)

- Sports Head Counselor (age 16 and older)
- Sports Support Counselor/Counselor in Training (age 13 and older)
- Art Head Counselor (age 16 and older)
- Art Support Counselor/Counselor in Training (age 13 and older)

I understand that I must arrange my own transportation to camp training meetings and camp location. I understand that I must attend the staff-training days in order to be hired.

_____ YES; Training dates: Wed. July 14th 5p.m.-8 p.m.

Sat. August 7th 9a.m. - 1p.m.

Sun. August 8th 3p.m. - 5p.m.

Mother's Name: _____ Phone(day) _____ (evening) _____

Father's Name: _____ Phone(day) _____ (evening) _____

List any experiences you have had working with children, their ages, and what your responsibilities were: _____

Give a brief summary of **why** you want to be a part of our Kids in Motion Camp: _____

When have you been on staff at a Kids in Motion camp before?
_____ Dates: _____

Have you been a camper at a Kids in Motion camp before? _____ Dates: _____

What skills, special talents, or interests would you like to be able to use or develop while at camp? _____

Give a brief description of what your faith in Christ means to you at this point in your life: _____

I hereby attest that the above information is correct. I understand that if I have falsified any information, I may be terminated from my job. I also give permission to conduct a background check.

Signed: _____ Date: _____

Mail completed application to:

D. Leonard
C/o New Life Pres. Church
2015 S. Limekiln Pike
Dresher, Pa. 19025

Questions: call 215-641-1100

DEADLINE FOR APPLICATIONS is Monday, May 3rd, 2010