

## DAYS AND TIMES AVAILABLE

		Monday	Tuesday	Wednesday	Thursday	Friday
Start Time	AM					
End Time	PM					

## EXPERIENCE

Please list any volunteer experience, experience with children, trainings, or other information that you believe make you qualified to be a Junior Camp Counselor.

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Why would you like to volunteer as a Junior Counselor?

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## REFERENCE

Please list TWO references NOT RELATED to you. (i.e. teacher, pastor, scout leader, etc.)

(1) Reference Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to you \_\_\_\_\_

(2) Reference Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_