

CAMP SEALE HARRIS
COUNSELOR IN TRAINING
APPLICATION

MUST
attach photo
here

NAME _____

DATE OF BIRTH ____/____/____ AGE _____ SEX _____

ADDRESS _____ PHONE (____) _____

CELL (____) _____

EMAIL _____

LAST GRADE COMPLETED _____ NAME OF SCHOOL _____

GRADE ENTERING THIS FALL _____

DO YOU HAVE DIABETES? _____

DO YOU KNOW SOMEONE WHO DOES? _____

ARE YOU FAMILIAR WITH DIABETES CARE? _____

HAVE YOU ATTENDED CSH BEFORE AS A CAMPER? _____ DATES _____

HAVE YOU ATTENDED ANY OTHER CAMPS BEFORE? _____

LIST ANY COURSES TAKEN IN CAMPING, LEADERSHIP, CHILD CARE, ETC.

EXPERIENCE IN ANY CLUBS OR VOLUNTEER ORGANIZATIONS

ON THE BACK, PLEASE WRITE A BRIEF PARAGRAPH TELLING WHY YOU WANT TO WORK AT CAMP SEALE HARRIS, WHAT YOU INTEND TO CONTRIBUTE, AND WHAT YOU EXPECT TO GAIN.

REFERENCES: PLEASE HAVE TWO PEOPLE WRITE A RECOMMENDATION LETTER TO RETURN WITH YOUR APPLICATION, ONLY ONE OF WHICH CAN BE FROM CAMP.

Please have application **postmarked** by **February 26th, 2010**

DATE OF APPLICATION _____ SIGNATURE _____

RETURN TO: CAMP SEALE HARRIS
500 CHASE PARK SOUTH, SUITE 104
HOOVER, AL 35244