

PLEASE PRINT IN INK OR TYPE

SHERIFF'S CAMP APPLICATION SUPPLEMENT FORM

Name: _____ Date: _____
 First Middle Last

Address: _____
 Street or Post Office Box Number

 City/Town State Zip Code

1. Emergency Contacts (Optional Unless Hired):

Name: _____	Relationship: _____
Address: _____	Daytime Telephone: _____
_____	Evening Telephone: _____
Name: _____	Relationship: _____
Address: _____	Daytime Telephone: _____
_____	Evening Telephone: _____

2. THE MINIMUM AGE REQUIREMENT FOR A JUNIOR COUNSELOR IS 16. EIGHTY PERCENT OF SENIOR COUNSELORS MUST BE AT LEAST AGE 18, AND TWENTY PERCENT OF SENIOR COUNSELORS MAY BE AGE 17.

Please provide your date of birth below. If you will be less than age 18 by May 31st please attach a copy of your working papers.

Month: _____ Day: _____ Year: _____

3. If you have not yet graduated from high school, what year of high school will you complete by July 1st? _____

4. List and attach copies of the front and back of any certifications or certificates you possess for: WSI, CPR, First Aid, Lifeguarding with Waterfront Module, Boater Safety, etc. that will expire after July. Do not include copies of certifications that expire prior to that date.

5. List any prior experience you have had as a camper or counselor, and give dates of each:

6. List any hobbies you have:

7. List activities or group affiliations. Exclude organizations, the name of which indicates the religion, political affiliation, race, creed, sex, color or nation of origin of its members:

8. List any volunteer experience you have had, and the approximate number of hours of service for each:

Organization Name	Work Performed	Total Hours of Service
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

9. If hired would you have an automobile with you at camp? Yes No

10. Please provide the name, address and telephone number of two adult references who are not relatives:

Name:	Relationship:
<hr/>	<hr/>
Address:	Daytime Telephone:
<hr/>	<hr/>
<hr/>	Evening Telephone:
Name:	Relationship:
<hr/>	<hr/>
Address:	Daytime Telephone:
<hr/>	<hr/>
<hr/>	Evening Telephone:
<hr/>	<hr/>

11. Please check any activities listed below that you have proficiency in.

- | | | |
|--|--|--|
| <input type="checkbox"/> Softball | <input type="checkbox"/> Baseball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Football | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Boating |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Leading Songs | <input type="checkbox"/> Developing Skits |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Swimming | <input type="checkbox"/> Plant & Tree Identification |

Signature of Applicant: _____

Date: _____