



# New Baltimore Summer Camp Counselor In Training Application

Full Name: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (Parent/Guardian):

Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_

Do you have any family members who will be in camp this year? If so, who?

\_\_\_\_\_

Why are you interested in being a Counselor In Training?

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\_\_\_\_\_

**Please attach availability to work for June, July, and August of this year to this application. Include any other commitments, vacations, or school commitments during camp hours (M-F, 9:30a-3p).**