

Staple a recent photo of yourself here.

For Office Use Only	
_____ Session 1	Saturday June 9-Saturday June 23
_____ Session 2	Saturday June 23 –Saturday July 7
_____ Session 3	Saturday July 7- Saturday July 21
_____ Session 4	Saturday July 21- Saturday August 4
_____ Session 5	Saturday August 4-Saturday August 18

CAMP LUTHER JUNIOR COUNSELOR APPLICATION

GENERAL INFORMATION

Name: _____ Nickname: _____ (Optional)

Address: _____
Street City State Zip Code

Home Phone:(____)____-____ Present Grade:____ Year of High School Graduation: _____

E-Mail Address: _____

Names of Parents/Guardians: _____

PERSONAL DATA

Sex:_____ Birth Date:_____ Shirt Size:_____

How do you consider your health: _____

Do you have any physical or mental limitations? (If so, please describe.) _____

CHURCH INFORMATION

Name of church where you are a member: _____

Church City:_____ Church Denomination or Synod: _____

Pastor's Name:_____ Youth Leader's Name: _____

List areas of personal involvement at church _____

RELATED INFORMATION

List and describe volunteer experiences you have had. (camp, church, hospital, etc.) _____

List and describe experiences you have had working with children. _____

List any organizations, extra-curricular activities or clubs in which you are ACTIVE. _____

SKILL / INTEREST INVENTORY (Indicate your skill/interest in the following areas by an "L"--Able to lead, "I"--Interest, but limited experience, or "U"--Unable or unwilling to lead.)

___ Arts & Crafts	___ Swimming	___ Musical Instruments (list) _____
___ Singing	___ Canoeing	_____
___ Story Telling	___ Sailing	_____
___ Drama/Skit Leading	___ Trail Biking	___ Sports (list) _____
___ Puppetry	___ Nature Study	_____
___ Lead Games	___ Pitch a Tent	_____
___ Archery	___ Start a Campfire	___ Other Skills (list) _____
___ Kayaking	___ Cook Outdoors	_____

Are you certified in any of these areas? ___ Water Safety Instructor (WSI) ___ ARC Lifeguard
___ Cardio Pulmonary Resuscitation (CPR) ___ ARC First Aid ___ Other _____

Have you been a summer camper at Camp Luther? _____ Which summer(s)? _____
Have you been a summer camper at another camp? _____ Where? _____
Have you served as a Junior Counselor before? _____ Which summer(s)? _____
Why do you hope to be a Junior Counselor at Camp Luther? _____

What do you expect to gain personally from being a Junior Counselor? _____

What occupation would you like to pursue? _____
Three words that describe you are: (1) _____ (2) _____ (3) _____
List the dates that you **are not** able to serve as a Junior Counselor. _____

PERSONAL SIGNATURE
Signed: _____ Date: _____

PARENT / GUARDIAN SIGNATURE
Signed: _____ Date: _____

RETURN THIS APPLICATION TO:
CAMP LUTHER-JUNIOR COUNSELOR APPLICATION
1889 KOUBENEC ROAD
THREE LAKES, WI 54562