

Summer 2010
Counselor In Training Application

Today's Date _____

Name _____ Age _____

Address _____ City: _____

Zip: _____ Email: _____ Phone # _____

Parent/Guardian Name(s) _____

Relationship _____ Home # _____

Work # _____ Cell # _____

Please attach at least two(2) letter of recommendations from two of your school teachers.

The following are the sessions of camp for summer 2010; please circle the session(s) that you will be available to work. Please note that due to the demand of this position you may not be selected to work all the weeks that you circle:

Session 1	June 1 – June 5	Session 5	July 6 - July 10
Session 2	June 8 – June 12	Session 6	July 13 – July 17
Session 3	June 15– June 19	Session 7	July 20 – July 24
Session 4	June 22 – June 26	Session 8	July 27 – July 31

**There is no camp June 29 – July 3.

Applicant's Signature _____ Date _____

Guardian's Signature _____ Date _____

Please make sure a Work Permit is attached to this application. We cannot consider this application unless we have a work permit on file. Contact your child's school's guidance department for information on getting a work permit.

Acworth Parks and Recreation Use Only

Date Received _____ Interview Date _____ Interviewed By _____