Employment Application Tanglewood Summer Camp Counselors

Name:		Date:		
Birthdate://				
Local Address:				
Email Address:				
Cell Phone:		Home Phone:		
Academic Year:	FR SO	JR SR	Grad Other	
Circle: High S	School	College		
Current Certification	s: Please list c o	ertifying orgar	ization and expiration	n date.
			Cardio Pulmona	ry Resuscitation (CPR)
			First Aid	
			Other (please s	pecify)
Please list previous v	work and relev	ant volunteer	experience:	
Please list 3 reference	ces that we ma	y contact (nor	-family member):	
Name:	Re	lationship:	P	hone:
Name:	Re	lationship:	P	hone:
Name:	Re	lationshin:	D	hone:

IN THE SPACE PROVIDED, PLEASE ANSWER ALL OF THE QUESTIONS.

1.	What is your experience working with children?
2.	What are some of the benefits that summer camp can/should add to a camper's life?
3.	Do you have any other commitments from June 24th through August 16th? If so, what and when?