

**DAY CAMP
COUNSELOR APPLICATION**



2010 Day Camp Counselor Coordinator
c/o Joel Loecken
8125 33rd Place North
Crystal, MN 55427

BACKGROUND INFORMATION:

Name _____ Age: _____

Address _____ City _____ State _____ Zip _____

Phone: (_____) _____ E-mail _____

High school grade you are entering in the fall of 2010: _____, or completed years of college: _____

School attended in 2009-2010: _____

CAMP COUNSELOR QUESTIONS (Counselors from 2009 need only to update information on the remainder of this application):

Previous work or volunteer experience: _____

Extra-Curricular activities you are involved in: _____

Why do you want to be a Day Camp Counselor at Camp Choson?: _____

What experiences have you had working with children? _____

What do you hope to offer campers as a counselor? _____

What do you hope to gain as a counselor? _____

Are you a former Choson camper? Yes ___ No ___ If yes, what years? _____

Have you been a Choson counselor before? Yes ___ No ___ If yes, what years? _____

(All applicants, please complete the back of this sheet)



