

The Mountain School Summer Camp Assistant/Counselor Application Summer 2014

Date: _____

Name: _____ Birthday _____ Age _____

Mailing Address: _____

Phone: _____ Parent Name & Phone # _____

◇ I'm interested in working with children age: 4-6 years 6-8 years 9-12 years

Our camps begin July 7th through August 15th, and days of the week vary by age group. See schedule at www.themountainschool.info & click on summer camp info.

I am to work available anytime between July 7th and Aug. 15th

I am available only certain weeks listed

here: _____

Do you have any of the following certifications?

YES/NO Expiration Date

Babysitting class		
CPR (adult/children)		
First Aid		
Lifeguard		

■ Please give details below about previous summer camp employment if applicable.

Name of Camp: _____ Supervisor: _____ Phone: _____

Job Title: _____ Employment Dates: _____

Duties: _____

■ List any current and/or previous employment and volunteer experience (i.e., especially jobs in which you were involved with children:

Please list one or two references that we may contact (must be adults unrelated to you).

Name/Title	Address	Phone
1. _____	_____	_____
2. _____	_____	_____

■ What else should we know about why you would like to be a summer camp counselor for TMS?

■ How did you hear about us? (please be specific)

Thank you for your interest in working at The Mountain School this summer! We will be in touch with you soon!

Contact Svea Grover 788-3170 or admin@themountainschool.info with any questions.