

Geneva Park District
710 Western Ave.
Geneva, IL 60134
(630) 232-4542
Fax: (630) 232-4569

Counselor in Training Program Application

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Circle One: Male Female Grade in Fall 2010: _____
Month Day Year

Parents' Names: _____

Parents' Business/Cell Phone: _____

Do you have any Siblings in the camp program? _____ Yes _____ No What Camp? _____

Preferred Camp: Voyager (Grades K-1) Mighty Vikings (Grades 2-3) Adventure (Grades 4-5)

Why do you want to participate in the Counselor in Training Program? _____

List some hobbies or interests and how they might be helpful in this program? _____

What experiences have you had working with children? _____

What skills do you have that might be useful for this type of program? _____

What do you hope to gain from participating in this program? Try to be specific with your goals. _____

Please list 3 references, not related to you, but know you well such as teachers, coaches, activity leaders, etc.

Name	Relationship	Phone	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Applicant Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

**Interviews will be scheduled the 1st 2 weeks of May. If chosen for the program, you must be able to attend the training date on May 22nd. There are a limited number of spots for the program, so not all applicants will be chosen to interview or to participate in the program. This program focuses on the development of leadership skills.*