

**CAMP HOLY CROSS  
SUMMER CAMP COUNSELOR  
APPLICATION  
2012**

SESSION I – SUNDAY, JULY 8 – FRIDAY, JULY 13  
SESSION II – SUNDAY, JULY 15 – FRIDAY, JULY 20

- ◇ Counselor (18+)    ◇ Junior Counselor (16-17)  
◇ Life Guard Certified (16+)    ◇ Maintenance    ◇ Kitchen Help  
◇ Session I    ◇ Session II

Any student ages 14-15 years old can register to attend the Junior Counselor Training Program which is held within the sessions listed above. See Youth Camp Application.

Hiring preference will be given to counselors available for both sessions.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE:(DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ T-SHIRT SIZE S \_\_ M \_\_ L \_\_ XL \_\_ 2XL \_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
PARENT/GUARDIAN: \_\_\_\_\_

***EDUCATION*** (please list all schools attended and current grade level)

\_\_\_\_\_

Have you completed Camp Holy Cross CIT Program?    ◇ Yes    ◇ No  
Have you ever attended Camp Holy Cross Before?    ◇ Yes    ◇ No

***PRIOR WORK HISTORY***

EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DATES OF EMPLOYMENT: \_\_\_\_\_  
CONTACT:(NAME) \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DATES OF EMPLOYMENT: \_\_\_\_\_  
CONTACT:(NAME) \_\_\_\_\_ PHONE: \_\_\_\_\_

***REFERENCES*** (Provide three references other than family members)

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
PHONE:(DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
PHONE:(DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

**REFERENCES CON'T**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
PHONE:(DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

LIST ANY EXPERIENCE WORKING WITH CHILDREN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHY WOULD YOU MAKE A GOOD CAMP COUNSELOR?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT ARE YOU PASSIONATE ABOUT AND WHAT HAVE YOU DONE TO AIDE IN YOUR CHOSEN FIELD/HOBBY/CAUSE?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CAN YOU WORK AS PART OF A TEAM?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANYTHING WHICH WOULD HELP US IN EVALUATING YOUR APPLICATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this application I give Camp Holy Cross permission to investigate any statement made within and release the camp from liability in connection with the same. I realize that any false statement will disqualify my application or terminate my employment.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

*(Massachusetts General Law requires that counselors and volunteers who work at residential recreation camps and have access with children undergo a CORI & SORI Check. Separate release forms, which allow us access to this information, will be provided for you. Massachusetts's law also requires that a health history and examination form be completed prior to employment.)*

*Please provide a current photograph with your application. Digital photos accepted.*