



2020 Junior Counselor Application

Please Print Name: _____ Phone Number: _____

Address: _____

Email: _____ Present Grade: _____

Education:

Clubs or Program involved with (in or out of school):

Club Name	Position Held	Grade in Club	Supervisor
_____	_____	_____	_____
_____	_____	_____	_____

Experience: List any relevant information applicable for this position

CAMP CROMWELL SITE YOU WOULD LIKE TO WORK AT:

_____ Pre-K (Town Hall) _____ Grades K-1 (WIS) _____ Grades 2-4 (WIS)
(M,W,F - 9-12)

The weeks you would like to be a Junior Counselor (Put an X next to the week(s):

_____ Session 1: June 29 - July 10 (NO camp July 3)

_____ Session 2: July 13 - July 24

_____ Session 3: July 27 - August 7

SHIRT SIZE: ___ AS ___ AM ___ AL ___ AXL

References: (Not Related to You)

Name:	Address:	Phone:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Return the completed application to the Cromwell Recreation Department, 41 West Street, Cromwell, CT 06416.

***Please complete the attached General Questionnaire and return with this application.**



GENERAL QUESTIONS

Why do you want to be a Junior Counselor? _____

What do you think your responsibilities will be during a day at camp? _____

Describe any experience you have working with children. _____

What skill(s) do you have that will help you be successful as a Junior Counselor?

What do you hope to gain from the Junior Counselor Program? Why? _____

What age level of children do you most enjoy working with? Why? _____
