



Frontier Trails

COUNSELOR IN TRAINING 2010

DATES: July 4 - JULY 31st or JULY 25th - AUGUST 21st

COST: \$1200.99 (& 13% HST.)

PLEASE COMPLETE THIS FORM AS WELL AS FRONT OF CAMP REGISTRATION FORM

APPLICATION FOR COUNSELOR IN TRAINING

NAME: _____ AGE: _____ BIRTH DATE: _____ SEX _____

ADDRESS: _____
(St., Box) (City) (Prov.) (Postal Code)

PHONE: _____ S.I.N.: _____ EMAIL: _____

EDUCATION COMPLETED: _____ (SCHOOL, ETC.)

ANY COURSES COMPLETED: _____
(eg. Bronze Cross, Horsemanship, First Aid etc.)

& Expiration date _____

PREVIOUS WORK EXPERIENCES: (Baby-sitting, shoveling snow, farm work, etc.)

1. _____
(Place) (Job Description) (Employer)

2. _____

3. _____

PREVIOUS CAMP ATTENDANCE: _____
(Where) (How Long)

CHURCH NOW ATTENDING: _____ HOW LONG: _____

MINISTER: _____
(Name) (Address) (Phone)

ANY EXPERIENCE OR COURSES IN ANY OF THESE AREAS LISTED PLEASE CIRCLE

HORSEMANSHIP ARCHERY* RIFELRY *TRAMPOLINE* MT. BIKING
 AEROBICS CRAFTS* CANOEING* COOKING* CLEANING* GAMES *RAFTING
 COUNSELLING CAMPING* PRE-SCHOOLER* ROWING* BACK PACKING
 FISHING LIFEGUARD* FIRST AID* C.P.R. *NATURE* CERAMICS* KAYAKING
 *KITCHEN *FOLK ART* COMPUTERS* ROCKCLIMBING* PAINTBALL

REFERENCES:

1. _____
 (Name) (Address) (Phone)
2. _____
3. _____

ARE YOU INVOLVED IN ANY CHILDREN'S PROGRAMS OR CLUBS:

DO YOU KNOW OF ANY PHYSICAL OR HEALTH REASONS WHY YOU WOULD NOT BE ABLE TO PERFORM THE DUTIES FOR WHICH YOU ARE APPLYING? IF SO, PLEASE ELABORATE

PLEASE ENCLOSE A RECENT PHOTOGRAPH OF YOURSELF.

PLEASE STATE, (300 words min.), WHY YOU WOULD LIKE TO TAKE THE C.I.T. PROGRAM.

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I, _____, do fully understand that I am expected to work cheerfully and in full cooperation with other staff members and my superiors, if I am selected as an C.I.T. at Frontier Trails Camp.

Signed _____ Date _____

*Former campers accepted 1st, all pending acceptance. *
 Please enclose \$300.00 deposit with application, (refunded if not accepted), and balance to be paid by May 15.