Volunteer Counselor Position Requirements:

- Must be at least 14 years old
- Positions available for both resident and day camps
- Commitments are typically for a week only

| Name: | | Gender: | _ Age: |
|-----------------------------------|---------------------|----------------|--------|
| Address: | | | |
| City: | | | |
| Telephone: | E-mail Address: | | |
| Interested in (please circle): | Resident Camp | Day Camp | Both |
| List your interests and hobbies: | | | |
| | | | |
| List any jobs you have held (pa | id or volunteer): | | |
| | | | |
| List any awards or activities (bo | th school and commu | nity related): | |
| | | | |
| | | | |

Considerations for positions will not begin until May, but you are welcome to apply at anytime. For questions, contact camp at (231) 768-4351.

Please send this application and two references to: Rose Lake Youth Camp, P.O. Box 95, LeRoy, MI 49655

Volunteer Counselor Application Reference

The Volunteer Counselor Application requires two references submitted with the application. References should not be related to the applicant and at least one reference needs to be from his/her school (i.e. teacher, coach, etc.).

| Telephone: | | | | | | |
|--|---|--|--|--|--|--|
| Length of knowing applicant: In what capacity: | | | | | | |
| plicant: | | | | | | |
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| applicant: | | | | | | |
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| wer for each c | question. | | | | | |
| Excellent | Good | Average | Below average | | | |
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| | In wplicant: applicant: wer for each continue Excellent | In what capacity plicant: applicant: wer for each question. Excellent Good | Telephone: In what capacity: plicant: applicant: wer for each question. Excellent Good Average | | | |

Thank you for your time! Please give this reference to the applicant to submit with his/her application. Feel free to enclose it in an envelope for privacy. If you have any questions please contact camp at (231) 768-4351.

Volunteer Counselor Application Reference

The Volunteer Counselor Application requires two references submitted with the application. References should not be related to the applicant and at least one reference needs to be from his/her school (i.e. teacher, coach, etc.).

| Applicant's Name: | | | | | |
|---|------------------------|--------------|------------------|------------------|--|
| Reference's Name: | nce's Name: Telephone: | | | | |
| Length of knowing applicant: | In w | hat capacity | /: | | |
| Please list the strengths of the ap | pplicant: | | | | |
| | | | | | |
| Please list the weaknesses of the | applicant: | | | | |
| | | | | | |
| Please check the appropriate and | swer for each o | uestion. | | | |
| | Excellent | Good | Average | Below average | |
| Ability to work with others | | | | | |
| Responsibility | | | | | |
| Maturity | | | | | |
| Integrity | | | | | |
| Respect for Authority | | | | | |
| Please let us know if there is any applicant: | thing addition | al you wou | ld like us to kn | ow about this | |
| | _ | | | _ | |

Thank you for your time! Please give this reference to the applicant to submit with his/her application. Feel free to enclose it in an envelope for privacy. If you have any questions please contact camp at (231) 768-4351.