

Other experience working with youth? _____ YES _____ NO

If yes, when _____ and where _____

Describe: _____

CAMPER WEEKS

Check weeks available to counsel:

** Date will be announced soon - Counselor Training (mandatory) **

_____ July 15-18 (Hunter Safety Camp)

_____ July 22-25 (Summer Camp)

EDUCATION

School	High School or GED	College or University	Business/Trade School or Other	Apprenticeships or Other Training
Name and Location				
Dates Attended	From To	From To	From To	From To
Years Completed		1 2 3 4 Major:	Course:	Course:
Graduated	Yes No	Yes No	Yes No	Yes No

List additional and/or relevant training completed and/or skills acquired and any certifications you may have obtained:

Is there anything not already mentioned which you feel should be brought to our attention and which you feel would help qualify you for this position? (e.g. training, interests, etc.)

Hobbies or special interests:

~~CAMPBEE WEEKS~~

List persons who are familiar with your qualifications and background. (No relatives.)

Name/Title	Address	Phone number and e-mail address (if applicable)

CERTIFICATE OF APPLICANT: I hereby certify that all statements made on or in connection with this application are true, complete, and correct to the best of my knowledge and belief and I understand and agree that any misstatements or omissions of material fact herein subjects me to disqualification or dismissal. I understand that my application will be processed in a confidential manner.

Signature of Applicant: _____ Date: _____

Thank you for your interest in counseling camp at Camp TaPaWingo

RETURN TO: Wendi Holschbach
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4319 Expo Drive, P.O. Box 935
Manitowoc, WI 54221-0935
920-683-4169
wendiholschbach@co.manitowoc.wi.us

DEADLINE: May 15th, 2019