Camp TaPaWingo 915 West TaPaWingo Rd. Mishicot, WI 54228

Application for Summer Camp Counselor Positions

Please type or print in	<u>ink!</u>					
		GENERALI	FORMATION			
Last Name		First			MI	
Permanent Address	Street		City		State	Zip
Present Address						
Permanent Phone (Street		City Present Phone		State	Zip
Name of Person to Co	-			-		
AddressStreet			State Zin	()	
Do you have any ph successfully performir If yes, please explain:	ig as a camp co	ounselor?	YES	NO	-	-
List camps atten <u>Year Na</u>	•		ership Responsibi	lities (if a	any) Le	ength of Camp

Other experience working with youth?	YES	NO	
If yes, when		_ and where	
Describe:			
CA	MPER WEEK	S	

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	From	From	From
Dales Allended	То	То	То	То
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:

<u>CAMPER WEEKS</u>

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

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

<u>CERTIFICATE OF APPLICANT</u>: 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
Manitowoc County UW-Extension
4319 Expo Drive, P.O. Box 935
Manitowoc, WI 54221-0935
920-683-4169
wendiholschbach@co.manitowoc.wi.us

DEADLINE: May 15th, 2019