

Camp Lawrence



CAMP ADDRESS:
68 E. 700 N.
Valparaiso, Indiana 46383
Phone: (219) 462-8243



BUSINESS ADDRESS:
7725 Broadway, Suite C
Merrillville, Indiana 46410-4787
Phone: (219) 736-8931
Fax: (219) 736-9457
Email: nwicyo@comcast.net
www.nwicyo.org



COUNSELOR-IN-TRAINING APPLICATION

(Please print clearly)

Date: _____

Full Name (Last) _____ (First) _____ (Middle) _____

Home Address (Street) _____ (City) _____ (State) _____ (Zip) _____

Home Phone _____ Emergency Phone _____

Age _____ Birth Date _____ Social Security _____

EDUCATION

Grade School _____ Number of Years Completed _____

High School _____ Number of Years Completed _____

Have you ever attended Camp Lawrence or any other camp? Yes _____ No _____

What camp? _____ Where? _____ When? _____

Why are you applying for the position of Counselor-In-Training at Camp Lawrence? _____

What are some of the qualities you possess that would influence, in a positive way, the children we serve? _____

Describe those qualities that you feel would make you a vital member of our camp staff: _____

Please summarize any experiences you may have had working with children. Please indicate the age level of each experience.

(Please fill out the REFERENCE section on the next page)



A MEMBER AGENCY OF THE LAKE AREA UNITED WAY