

CAMP LAWRENCE

Camp Address:
68 East 700 North
Valparaiso, IN 46383
(219)462-8243

Business Address:
7725 Broadway Suite C
Merrillville, IN 46410
(219)736-8931

COUNSELOR or LIFEGUARD APPLICATION (Please print clearly)

Date of Application: _____ Social Security: _____

Full Name _____ Age _____ Birth Date _____

<u>PERMANENT ADDRESS</u>	<u>SCHOOL ADDRESS</u>
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
E-mail _____ Phone _____	E-mail _____ Phone _____

<u>EDUCATION</u> (Most current level)		
School _____	# of Years Completed _____	Major _____
If not currently attending school, what is your present occupation? _____		

<u>PAST EMPLOYMENT</u>		
_____ (Employer)	_____ (Phone)	_____ (Nature of work)
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Have you ever been investigated, accused or convicted of a crime against a minor? _____ If yes, please explain: _____

What previous camp experience have you had? _____

AUTOBIOGRAPHICAL ESSAY
(Must be included with application.)

On a separate sheet of paper, please tell us about yourself (family, education, organizations, interests). In your essay please include answers to the following questions:

- What contributions do you think you can make to the Camp Lawrence summer program?
- What are some of the qualities you possess that would influence, in a positive way, the children we serve?
- What do you hope to gain from working at our summer camp?
- Summarize any experiences you may have had working with children and indicate the children's age level of each experience.

REFERENCES

References should be people with whom you have worked for and/or who have first hand knowledge of your character. References should include the person's name, address, phone number and relationship to you. *(Must have three listed.)*

Reference #1 _____
(Full Name) (Day Phone)

(Complete Address)

(Relationship to you)

Reference #2 _____
(Full Name) (Day Phone)

(Complete Address)

(Relationship to you)

Reference #3 _____
(Full Name) (Day Phone)

(Complete Address)

(Relationship to you)

Applicants Signature: _____ Date _____

Note: A request for a State of Indiana Limited Criminal History will be applied for.

For Office Use Only

Application is: Accepted _____ Denied _____ Needs further information _____ Reason _____

References Checked: #1 _____ #2 _____ #3 _____ Background Check Received: Yes _____ No _____