

# Nature Camp Counselor Application 2017

## Tauxemont Cooperative Preschool

7719 Fort Hunt Road  
Alexandria, Virginia 22308

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Date \_\_\_\_\_  
Counselor's Name \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_  
Home Phone \_\_\_\_\_ Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**(Please use an e-mail address you check daily. It is our main way of communicating)**

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Counselor's Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
School you attend \_\_\_\_\_

If under 18 years of age

Mother/Father/Guardian \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone: \_\_\_\_\_

**References:** Please provide the names of two non-relative references, and their phone numbers:

1. \_\_\_\_\_ Relationship(teacher, etc.) \_\_\_\_\_ Phone \_\_\_\_\_
2. \_\_\_\_\_ Relationship(teacher, etc.) \_\_\_\_\_ Phone \_\_\_\_\_

**Please tell us a few things about yourself.**

Do you prefer?

Working with a color group

Working with animals

Assisting a station counselor

No preference

Please list current and past volunteer work.

\_\_\_\_\_

Why do you want to be a counselor? \_\_\_\_\_

Special requests: \_\_\_\_\_

\_\_\_\_\_

**Please check your session preferences:**

Morning Camp

\_\_\_\_ Session One June 12 -16 "In Our Backyard"  
\_\_\_\_ Session Two June 19 -23 "On A Mountain"  
\_\_\_\_ Session Three Jun 26-Jun 30 "On The Farm"  
\_\_\_\_ Session Four July 3 - 7 "In The Sky"  
\_\_\_\_ Session Five July 10- 14 "At The Beach"

Afternoon Camp

\_\_\_\_ Session Three Jun 26-Jun 30 "In The Sky"  
\_\_\_\_ Session Four July 3 - 7 "At The Beach"

Please return completed application along with your health form to Tauxemont Cooperative Preschool at the above address, attention: Nature Camp or bring them to the school.