CAMP PATTERSONVILLE

COUNSELOR APPLICATION

PERSONAL	Must be 17 or Older	(circle one)	Female / Male		
Name:		Phone:			
Home Address:					
Email:			 		
Birth date:	Age: Married?:	T-shirt size:	T-shirt size:		
Describe your general health	and any limitations that would affect you performing	the duties as a counselor:			
Are you on a special diet?	Please provide details:				
EDUCATION					
School/University	Degree/Certificate	e	Year completed		
Do you have current cer	rtification for lifeguard? If so, please provide a co	opy. If not, are you intereste	ed in becoming one?		
Do you play any musica	al instrument? If so, which one(s)?				
EMPLOYMENT	\neg				
LIMF EO TWENT	_				
Current or most recent e	employer: (attach a separate page for any additi	onal information)			
Company Name:	P	Position:			
Address:	F	Phone Number:			
Supervisor(s) Name(s):	s	tart Date: Er	nd Date:		
Description of duties an	nd responsibilities:				
CHURCH					
		OL LE			
Street	City	State	Zip		

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Member (Y/N)	Pastor's Name							
Do you accept the Camp Par	ttersonville Confession of	Faith and Code of Conduct?						

1. Pastor		Daytime Phone:	Evening P	hone				
2. Other		Daytime Phone:	Evening F	hone				
*******	*******	*********	******	*****	****			
**Have you ever been convid	cted of any crime, includir	ng sex-related or child-abuse relate	ed offenses?	Yes	No			
Signed: Date:								
 What has been your explained. List your skills in the following crafts Games / sports Archery Nature / camping sometimes water safety (Date of the composition). Please tell us how your description. How have you grown in 	perience in camping? (Giowing areas: skills s of certification)		xperience or certific	cation)				
*******	*******	*********	******	*****	****			
Contact Information:								
Questions: Email or call Mar	thew Hogan at: apply@	camppattersonville.org or 518-48	87-9011					
Return your application to:								
Al Steinbach 141 Gordon Rd	OR by 6	email: apply@camppattersonville.	<u>org</u>					

Schenectady, NY 12306