



Counselor-in-Training Application 2018

Please complete and email to: joe.fye@tuckermaxon.org

Or mail to:

Camp Director,
Tucker Maxon School
2860 SE Holgate Blvd
Portland, Oregon 97202

Basic Information

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____ (CIT's must be at least 15 years old, no exceptions)

Emergency Contact Name: _____

Emergency Contact Cell Phone #: _____

Prior Experience: please answer each question below (please keep each answer to a maximum of 250 words)

1. Have you worked with children or youth before? If so, where and in what capacity?

2. What leadership experience have you had in school or with other groups?

3. What experience have you had in the arts- dance, drama, painting, sculpture, music, etc? Please list any special training in specific art disciplines.

4. What is the greatest contribution that you feel you can bring to Tucker Arts Camp?

References

Please provide the names and contact information for three references who are not relatives:

Name:	Phone Cell Number	Email
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Name:	Cell Phone Number	Email
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Name:	Cell Phone Number	Email
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Availability

Please indicate the weeks you are available to volunteer:

- ☐ Week 1 - June 25 – June 29
- ☐ Week 2 - July 2 – 6 (no camp on 4th of July)
- ☐ Week 3 - July 9 – 13
- ☐ Week 4 - July 16 – 20
- ☐ Week 5 - July 23 – 27
- ☐ Week 6 - July 30 – August 3
- ☐ Week 7 - August 6 – 10
- ☐ Week 8 - August 13 - 17

How many hours per week are you available to volunteer?