

Counselor-in-Training

Application 2021

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:Sta	ate: Zip:_	
Home Phone:	Cell Phone	
Email:		
Date of Birth:	(CIT's must be at le	east 14 years old, no exceptions)
Emergency Contact Name:		
Emergency Contact Cell Ph	one #:	

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

Availability

Please indicate the weeks you are available to volunteer:

☐Week 1 - June 28 - July 2nd
☐Week 2 - July 5 - 9
☐Week 3 - July 12 - 16
☐Week 4 - July 19 - 23
☐Week 5 - July 26 - 30
☐Week 6 - August 2 -6
☐Week 7 - August 9 - 13
☐Week 8 - August 16 - 20

How many hours per week are you available to volunteer?