

Counselor-in-Training

Application

2023

Please complete and email to:

jennie.reeves@tuckermaxon.org

Or mail to:

		p Director, ⁄/axon School
	2860 SE	Holgate Blvd
Basic Information	Portland	, OR 97202
Date:		
Name:		
Address:		-
City:State:	Zip:	
Home Phone:	Cell Phone:	
Email:		
Date of Birth:	_ (CIT's must be at least	14 years old, no exceptions)
Emergency Contact Name:		-
Emergency Contact Cell Phone #	t:	-

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 26 - 30
□Week 2 - July 3- 7
□Week 3 - July 10 - 14
□Week 4 - July 17 - 21
□Week 5 - July 24 - 28
□Week 6 - July 31 - August 4
□Week 7 - August 7 - 11
□Week 8 - August 14 - 18

How many hours per week are you available to volunteer?