

Check education level completed (or to be completed in June)

High School College Graduate Studies Other: _____

Were you ever a camper at Camp D-H? **No** **Yes** If yes, dates of attendance: _____

Experience as a camp counselor

_____	() -
Name of Camp	Dates served Name of director Contact phone number
_____	() -
Name of Camp	Dates served Name of director Contact phone number
_____	() -
Name of Camp	Dates served Name of director Contact phone number

Have you been convicted of a felony in the last five years? **No** **Yes**

Are you currently excluded, suspended, debarred, or otherwise ineligible to participate in the federal health care programs? Have you ever been convicted of a criminal offense related to the provision of health care items or services and have not been reinstated in the federal health care program after a period of exclusion, suspension, debarment, or ineligibility? **No** **Yes**

Has any hospital or licensed facility restricted or terminated your professional training, employment or privileges or have you voluntarily resigned or withdrawn from such association to avoid imposition of such action due to professional misconduct, unprofessional misconduct, unprofessional conduct, incompetence, or negligence? **No** **Yes**

Have you ever been the subject of professional misconduct proceedings or received notice of any impending actions? **No** **Yes**

If you answered yes to any of the above questions, please describe: _____

Experiences in school, community, and activities that may be relevant to camp: _____

Please list all current certifications and licenses held (i.e. CPR, first aid, lifeguard): _____

What skills, courses taken, and experiences do you have that would be especially helpful for the position for which you are applying? _____

Do you have any hobbies, skills or talents and, if so, what are they? _____

Would you be willing to lead an activity at camp around your interest? No Yes _____

Any additional comments: _____

May your address, email, and phone number be published to provide to Camp D-H staff at the end of the week?

No Yes

I understand by signing this application that I am interested in helping provide a quality camp experience to children and will be an exemplary role model for them. I certify that the information on this application (and resume if applicable) is true and I understand that false statements may be considered grounds for termination.

Signature and Print Name _____ Date Signed _____

