

ADVANCED TRAINING COUNSELOR APPLICATION
CAMP WATANOPA

Return this application by **May 15** to: Camp Fire USA, 2700 Clark St. Missoula, Mt. 59801

NAME _____ AGE AS OF JULY 1 _____
ADDRESS _____ BIRTH DATE _____
PHONE NUMBER _____ ENTERING GRADE _____
MALE OR FEMALE _____

EXPERIENCE IN YOUTH ORGANIZATIONS OR CAMPS:

EXPERIENCE WORKING WITH CHILDREN:

LEADERSHIP EXPERIENCE:

LIST THE EXPERIENCES OR TRAINING YOU HAVE HAD IN EACH OF THE FOLLOWING CATAGORIES:

ARTS AND CRAFTS: _____

NATURE AND CAMPCRAFT: _____

SPORTS AND GAMES: _____

DANCING: _____

DRAMA: _____

SINGING: _____

DO YOU PLAY AN INSTRUMENT? WHICH ONE? _____

WHY DO YOU WANT TO BE AN ADVANCE TRAINING COUNSELOR?

WHAT QUALITIES AND EXPERIENCE DO YOU POSSESS THAT WOULD MAKE YOU A GOOD COUNSELOR?

SIGNED _____ DATE _____

The information provided will not be used for the purpose of discrimination.

**CAMP FIRE USA
CAMP WATANOPA
TRAINING COUNSELOR REFERENCE FORM**

Please return within one week to: Camp Fire USA
2700 Clark St.
Missoula, MT. 59801

_____ has applied to the Training Counselor program at Camp Fire USA's resident camp, Camp Watanopa. The applicant has given your name as one who can give information regarding his/her qualifications, character and abilities.

As a Training Counselor, the applicant will have three seasons of training in camp leadership. After successful completion he/she will be hired as a Camp Counselor. We are particularly interested in youth who enjoy the out-of-doors and working with children. We want those we accept to have leadership ability, a willingness to learn, a sense of responsibility and to be well adjusted.

We would appreciate your estimate of the candidates' qualifications. The information will be accorded strict confidence. Thank you.

	Superior	Good	Average	Below average	No knowledge
Adaptability					
Ability to accept guidance					
Leadership					
Emotional stability					
Accepts responsibility					
Initiative					
Judgement					
Loyalty					
Cheerfulness					
Integrity					
Health					
Ability to work w/ children					
Ability to work w/ peers					
Ability to work w/ adults					

How long, and in what capacity, have you known the applicant? _____

Please use the back of this form for any additional comments which would be helpful.

Signed _____ Date _____ phone _____