

**BEGINNING TRAINING COUNSELOR APPLICATION**  
**CAMP WATANOPA**

Return this application 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

PAST EXPERIENCE IN CAMP FIRE PROGRAMS:

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EXPERIENCE IN OTHER YOUTH ORGANIZATIONS OR CAMPS:

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EXPERIENCE WORKING WITH YOUNG CHILDREN:

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LEADERSHIP EXPERIENCE:

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CAMPING OR OUTDOOR EXPERIENCE:

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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? \_\_\_\_\_

WHAT QUALITIES DO YOU THINK YOU CAN BRING TO CAMP WATANOPA AND THE TRAINING  
COUNSELOR PROGRAM? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT DO YOU HOPE TO GAIN FROM THE TRAINING COUNSELOR PROGRAM?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**Please distribute the enclosed recommendation forms to three people unrelated to you. Ask them to return them to our office at the address listed on the front page.**

*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 \_\_\_\_\_