

For Office Use ONLY Date Received _____ Date Contacted _____ Interview Date _____
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**MedCamps of Louisiana**  
**102 Thomas Rd. Ste. 615**  
**West Monroe, LA 71291**  
**Tel: (318) 329-8405**  
**Fax: (318) 329-8407**  
**www.medcamps.org**

**2017 Counselor in Training Application**

Thank you for your interest in a Counselor in Training position at MedCamps of Louisiana!! Applications will be accepted until all available positions have been filled. You may send the completed application to Kacie Hobson at [kacie@medcamps.org](mailto:kacie@medcamps.org) or mail to:

MedCamps of Louisiana  
Attn: Counselor in Training Application  
102 Thomas Rd. Suite 615  
West Monroe, LA 71291

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
                                First  Middle  Last

Preferred Name (The name you would like to go by): \_\_\_\_\_ T - Shirt Size \_\_\_\_\_

Current Address: \_\_\_\_\_  
  Street

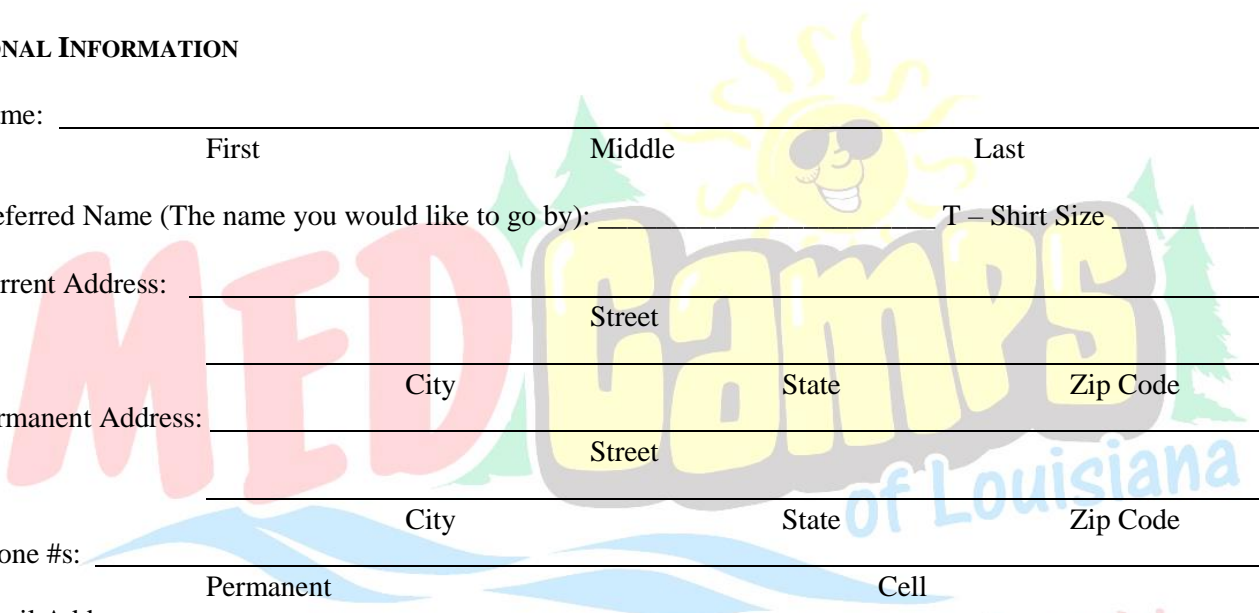
Permanent Address: \_\_\_\_\_  
  City  State  Zip Code

  Street

Phone #s: \_\_\_\_\_  
  City  State  Zip Code

  Permanent  Cell

Email Address: \_\_\_\_\_



*A world of fun for kids with special needs!*

**EDUCATION**

High School Attending: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

**WORK EXPERIENCE**

Please list any work experience that you have had thus far.

Employer	Dates	Position	Supervisor/Phone

**This summer Counselors in Training will only be allowed to work 1 week of camp. Please rate the following camps indicating your level of interest in working those camps (1 being the most interested and 9 being the least interested.)**

\_\_\_\_\_ June 4-9: Camp Rolling Thunder for children with Spina Bifida and orthopedic conditions

\_\_\_\_\_ June 11-16: Camp Kandoo for children ages 6-13 with Developmental Disabilities

\_\_\_\_\_ July 9-14: Camp Rough Riders for children with Cerebral Palsy

\_\_\_\_\_ July 16-21: Camp Smiling Suns for children ages 14-21 with Developmental Disabilities

Current Certifications (Please submit a copy of each certification with your application.)

\_\_\_\_\_ First Aid      \_\_\_\_\_ CPR      \_\_\_\_\_ Lifeguard      Other \_\_\_\_\_

Please check all that apply:

\_\_\_\_\_ I have been to a camp as a camper.      Camp name: \_\_\_\_\_

\_\_\_\_\_ I have been to a camp as a counselor.      Camp name: \_\_\_\_\_

\_\_\_\_\_ Other: I have been to a camp as \_\_\_\_\_

**REFERENCES**

Please provide the name, relation, and phone number of your required references; Your reference must be professional (ex. Boss, teacher, professor, coach); If you would like to send additional references, they may be personal or professional.

Name	Relationship	Phone number

1. In the last seven years, have you had any license, certificate or employment; suspended, revoked, terminated or adversely affected?    No \_\_\_\_\_    Yes \_\_\_\_\_

    If yes, provide a full description including dates and circumstances:

\_\_\_\_\_

2. In the last seven years, have you been convicted of a felony or misdemeanor? No \_\_\_\_\_    Yes \_\_\_\_\_

    If yes, provide a full description including dates and circumstances:

\_\_\_\_\_

**ESSAYS** Complete and attach the following short essays.

1. Where did you hear about MedCamps of Louisiana, why do you want to work here, and what do you hope to gain from your time at MedCamps?
2. What do you feel like the role of a Counselor in Training is?
3. MedCamps of Louisiana should hire you because...

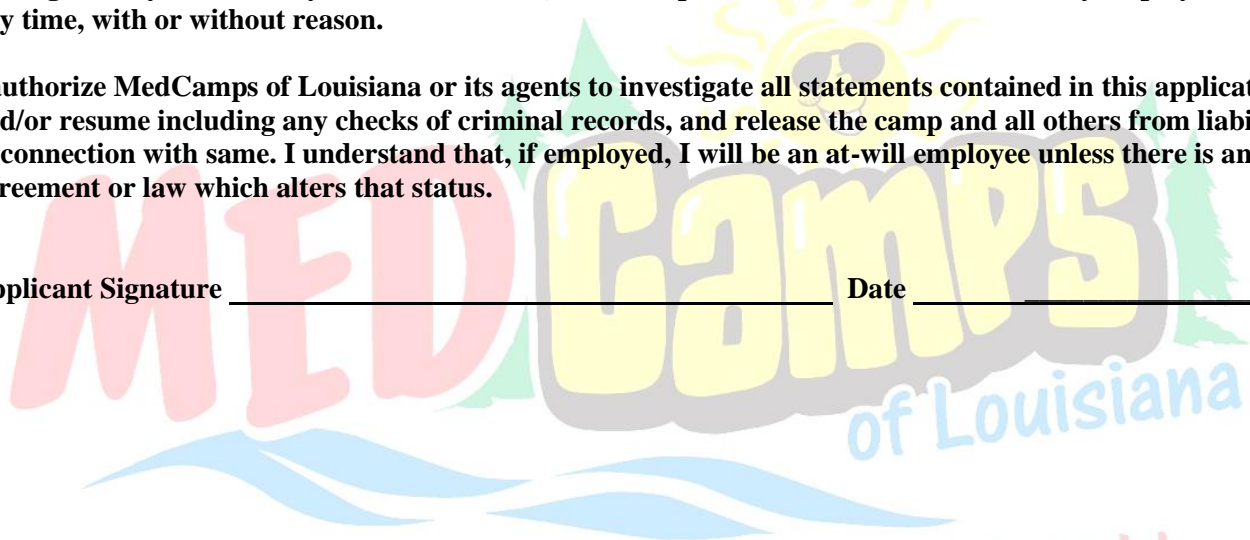
**I certify that all the information on this application, my resume, or any supporting documents is correct, and I understand that any misrepresentation or omission of any information will result in disqualification from consideration for employment or, if employed, my termination. I also understand that if submitting this application online, that submitting will constitute my authorizing signature.**

**I understand that this application is not a contract, offer or promise of employment. If hired, I will be able to resign at any time for any reason. Likewise, MedCamps of Louisiana can terminate my employment at any time, with or without reason.**

**I authorize MedCamps of Louisiana or its agents to investigate all statements contained in this application and/or resume including any checks of criminal records, and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status.**

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



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