

Counselor Application Form

*****Counselor assignments will be made late in June*****

CONCORDIA CUB WEEK
2011

Name _____ Age _____

Birth Date ____/____/____ Male___ Female___

Address _____

City/State _____ Zip _____

Phone (Home) (____) _____ (Cell/Alternate) (____) _____

Email Address: (Print Legibly) _____@_____

Have you been a counselor for Cub Weeks before? _____ When? _____

A. NOTE THERE WILL BE ONLY ONE WEEK IN 2010!

_____ July 18-24, 2010

B. CRAFTS (for explanation of crafts see Cub Booklet)

Please indicate your 1st, 2nd, and 3rd choices below.

Stained Glass _____
T-Shirt Painting _____
Copper _____
Leather _____
Plaque Painting _____
String Art _____
Mosaics _____

C. SPORTS (General knowledge of game is sufficient)

Please indicate your 1st, 2nd, and 3rd choices below.

Kickball _____
Frisbee golf _____
Softball _____
Volleyball _____
Basketball _____
Floor Hockey _____

D. SWIMMING (Describe your swimming ability and experience. We do not teach swimming, but we need people to supervise the beach. The camp has a lifeguard on duty. **Note: This is not free time for you!**)

E. TALENTS AND ABILITIES that you could share like singing, playing a musical instrument, etc.:

F. CHILDREN: If you have children who will be with you, please give the following information:

Name and age of children enrolled in the Cub Program (Make sure the application form is sent to Lori Gamble at Camp Okoboji)

Do you want your child to be in the same cabin with you?
If you have any questions, please contact me.

G. IF YOU KNOW OF ANYONE who might be interested in serving as a counselor, please give me their name, phone #, address, age, and other pertinent information.

H. ANY SPECIAL CONCERNS OR REQUESTS (favorite cabins, etc)?

I. PLEASE RETURN THIS APPLICATION FORM AS SOON AS POSSIBLE **ALONG WITH A RECENT PHOTOGRAPH OF YOURSELF TO THE ADDRESS BELOW:**

Rev. Timothy Geitz
1430 7th AVE SE
LeMars, IA 51031

Phone: (712) 541-2266

*****Final Counselor assignments will be made late in June*****