



## COUNSELOR/STAFF APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F

Home Address: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Your Contact Info:** Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Have you been a Camp Rainbow counselor before? \_\_\_\_\_ If yes, how many years: \_\_\_\_\_

Have you been a Camp Rainbow staff member before? \_\_\_\_\_ If yes, how many years: \_\_\_\_\_

Have you attended at least 3 Dream Factory meetings this year?  Yes  No

**If 2008 will be your first year as a counselor or staff member, please complete the following question:**

For background check only, we need your Social Security Number: \_\_\_\_\_

Do you have a personal reference in the Dream Factory or where you work that we could contact? \_\_\_\_\_

What talents or interests do you have that will help us at Camp? (Please check as many as want)

Arts/Crafts (Please list): \_\_\_\_\_

Carpenter/building skills: \_\_\_\_\_

Certified Lifeguard

Entertainment (Please explain your talent): \_\_\_\_\_

Sports (Please list): \_\_\_\_\_

Boats & dock

Fishing

Helping children with special needs.

Other interests/talents: \_\_\_\_\_

Do you have any physical disability that would prevent you from lifting a wheelchair-bound child:  Yes  No

Do you have a camper age preference?  Yes \_\_\_\_\_  No

Can you be available from noon June 8th to noon June 14th?  Yes  No

Do you have a request for a specific Camp duty? \_\_\_\_\_ If Yes, explain: \_\_\_\_\_

Do you have a request for be assigned to a specific camper?  Yes  No If Yes, who: \_\_\_\_\_

Do you have any comments or suggestions for Camp? \_\_\_\_\_

Does Camp Rainbow have permission to use your name and picture for publicity or public service announcements on television, newspaper, radio and other media?  Yes  No

What is your shirt size:  Adult Small  Adult Medium  Adult Large  Adult XL  XXL  XXXL  Other: \_\_\_\_\_

**All information provided above is correct and I understand that I may be subject to a personal background check.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this application by April 15, 2008 to:**

**By Mail:** Camp Rainbow  
PO Box 3522  
Clarksville TN 37043

**By Fax:** 931 245-7069

**By E-mail:** [clarkvillecampainbow@gmail.com](mailto:clarkvillecampainbow@gmail.com)  
paper application preferred

**Questions can be directed to:**

**Jereme Miner, Camp Co-Director 931 320-3473**

**Diane Miner, Camp Co-Director Hm# 931 648-4821 OR Wk# 931 245-7000**