



SUMMER CAMP JOB APPLICATION

University of Illinois

4-H Memorial Camp, Monticello, Illinois

Name _____ Date _____
Last First M.I.

Current Address _____ Phone _____

Home Address (if different than above) _____ Phone _____

Email Address: _____ Birth Date: _____

Position(s) for which you are applying:

1st Choice _____ 2nd Choice _____
3rd Choice _____ 4th Choice _____

Education:

School	Location (town or address)	Dates Attended From To	Grade Ave. or G.P.A.	Major Area	Graduation Date
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High School

College or
University

Work Experience: (begin with most recent experience):

Position	Dates	Employer	Address	Phone

Camp Experience: (as camper, counselor, staff member, or other)

Position	Dates	Camp	Address	Phone

General Information:

Do you have a background in the 4-H program?
If so, please describe. _____

Do you have any Red Cross or similar certifications?
(i.e. CPR, First-Aid, Lifesaving, etc.)

What are your leisure time hobbies or interests?

What do you consider to be your main strengths and qualifications relevant to a position at summer camp?

Why are you interested in a position at 4-H Memorial Camp? _____

List any additional personal attributes, affiliation with other clubs or organizations (i.e. scouts, YMCA, etc.), or relevant training courses, workshops, or work experience you have that would help relate you to camp work. _____

References: (List three persons, who are not relatives, who know your character and qualifications.)

	1st reference	2nd reference	3rd reference
Name	_____	_____	_____
Street Address	_____	_____	_____
City, State, Zip	_____	_____	_____
Work Phone	_____	_____	_____
Home Phone	_____	_____	_____
How does this person know you?	_____	_____	_____

**Return your completed application to: 4-H Memorial Camp
499 Old Timber Road
Monticello, IL 61856
phone: (217)762-2741**

THE COOPERATIVE EXTENSION SERVICE OF ILLINOIS PROVIDES EQUAL OPPORTUNITIES IN PROGRAMS AND EMPLOYMENT. 4-H Memorial Camp is operated in accordance with the USDA policy which does not permit discrimination because of race, color, sex, age, handicap, or national origin. Any person who believes that he or she has been discriminated against in any USDA related activity should write immediately to the Secretary of Agriculture, Washington, D.C. 20250