

P.O. Box 3086 Sitka, Alaska 99835 (907) 747-3085

Elementary Camp Counselor Application

Date of application	n:			
Full name:				
	(last)	(first)	(m.i.)	
Parent(s)/Guardia	n(s):			
Mailing address:				
	(PO or Street Address)	(City)	(State)	(Zipcode)
Phone:		E-Mail:		
Male	Female			
•	by June 1st, 2018: 8th 9th		11th 12	th
	<u>Backgrou</u>	ınd and Experier	<u>ice</u>	
1. Have you ever a	attended the Sitka	Elementary Fine	Arts Camp? Wha	at years?
2. What is one of movement/dance	your favorite expe , drama/theater)?	riences in the fin	e arts (music, vis	sual arts,
3. Do you have a	special interest in	a particular area	of fine arts?	

(continued on P. 2)

4. Do you have any experience being responsible for assisting with their learning (e.g.babysitting,tutoring,	_
5. Describe how you might handle situations when a positive way, such as: a. Not listening or following teacher's directions:	
b. Reluctant to participate in class activities:	
Applicant's Agreements	
I have read the SFAC Elementary Camp Couns understand the duties and responsibilities of this pos If selected, I will attend the <i>Pre-Camp Training</i> Elementary Camp begins on June 11, 2018 (exact days	sition. Session the weekend before
1st). If selected, I will attend all five days of Elemenwill be present for my class group's entire session. I would like to serve as a Morning Session Could like to serve as an Afternoon Session Could like to serve as an All Day Counselor (but to serve as an All Day Counselor	tary Camp, June 11-15, 2018, an nselor (7:45 A.M Noon). ounselor (Noon - 3:00 P.M.).
Sessions , 7:45 A.M 3:00 P.M., lunch provided by SI	
(Applicant's Signature)	(Date)
(Parent/Guardian's Signature)	(Date)

^{**}Application deadline: *April 1, 2018.* Please submit this application by e-mail to drew@fineartscamp.org, mail to P.O. Box 3086, Sitka, or bring to the SFAC Office.