

Camp Tanager Diabetes Camp - Junior Counselor Application Form - 2011

Name: _____ Age: _____ Date of Birth: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Email Address: _____

How long have you had diabetes? _____ years.

Have you participated as a Junior Counselor at Camp Tanager in past years? **YES** **NO** Year(s): _____

What ages of children do you enjoy working with? (Circle) 7 - 8 9 - 11 12 - 13 No Preference

Explain any experience you have in working with children: _____

Why do you want to become a junior counselor?: _____

What qualities do you possess that would make you a good junior counselor? Please explain: _____

PLEASE NOTE: NOT ALL APPLICATIONS ARE GUARANTEED TO BE ACCEPTED. PLEASE COMPLETE THOROUGHLY

Your Signature: _____ Parent Signature: _____ Date: _____

Please return your completed application to: **Camp Tanager, 2309 C Street SW, Cedar Rapids, Iowa. 52404.**
Applications must be submitted prior to **May 10th, 2011**