



Camp Counselor Application

Name: _____ Shirt Size: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone: _____

Email Address: _____

Social Security Number: _____

Emergency Contact: _____

Emergency Contact Number: _____

Age: _____ Birth date: _____

Gender: Male or Female

Are you a U.S. Citizen? _____

Are you certified in any of the following?

CPR _____ First Aid _____ EMT _____ Nursing _____ Life Guard _____

Please list any certifications you have: _____

Have you been a camp counselor before? _____ Where? _____

What experience have you had working/volunteering with individuals with disabilities?

Do you have a relative with Smith-Magenis Syndrome? _____



Please summarize your work experience beginning with your most recent jobs:

Please include 3 references

You can mail your application to: Taylor Bug Kisses Foundation
2218 Boulder Dr. Normal, IL 61761
Or email it to: shannon@taylorbugkisses.com