

Destination ImagiNation (DI)
Air Force Youth Camp
Summer 2010
CAMP COUNSELOR APPLICATION FORM

Name _____ Sex: M F

Current Address _____

City _____ State/Province _____ Zip _____

Work/School Status _____ Year _____

College or University _____ Major _____

Employed (part or full time) by _____

Phone: Home _____ Daytime phone _____

Evening Phone _____ Cell _____

Email: _____

Emergency Contact Information:

Contact Person _____ Relationship _____

Phone: Home _____ Daytime _____ Cell _____

Address _____

City _____ State/Province _____ Zip _____

Have you ever been convicted of a felony? Yes No
If yes, please explain _____

Work Experience: Please list your last 3 jobs

1. Company _____ Beginning date: _____ Ending date: _____

Position: _____ Contact Person _____

Phone: _____ Address _____

City _____ State/Province _____ Zip _____

2. Company _____ Beginning date: _____ Ending date: _____

Position: _____ Contact Person _____

Phone: _____ Address _____

City _____ State/Province _____ Zip _____

3. Company _____ Beginning date: _____ Ending date: _____

Position: _____ Contact Person _____

Phone: _____ Address _____

City _____ State/Province _____ Zip _____

What aspects of this opportunity are particularly appealing to you?

What is the most important skill for participants to acquire in a camp environment?

Describe how your participation in this program would enhance the experience for the student participants.

Signed _____ Date: _____

Return to :
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