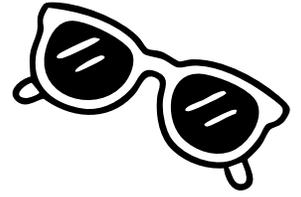


**OUR LADY OF GUADALUPE**  
**SUMMER CAMP**  
Summer Camp Counselor Application Form



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade (September 2026): \_\_\_\_\_

Phone Number: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Availability**

Are you available for the full duration of camp?  Yes  No

If no, please explain: \_\_\_\_\_

Weeks Available (check all that apply):  Week 1  Week 2  Week 3  Week 4

Week 5  Week 6  All Weeks 1-6

Preferred Age Group (if any): \_\_\_\_\_

**Experience**

Do you have prior camp counseling or childcare experience?  Yes  No

If yes, please describe: \_\_\_\_\_

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Relevant Certifications (CPR, First Aid, etc.): \_\_\_\_\_

# OUR LADY OF GUADALUPE SUMMER CAMP

## Counselor Application Form

### References

Please provide two references (professional or personal):

Reference 1: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Reference 2: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

### Agreement Statement

By signing below, I certify that all information provided is accurate to the best of my knowledge. I agree to abide by all camp policies, safety guidelines, and behavioral expectations. I will represent the camp in a positive and professional manner and prioritize the safety and well-being of campers at all times.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for applying! We will review your application and contact you regarding next steps.  
Please be sure to submit a current resume with your application to the Program Director at  
[summercamp.olg@gmail.com](mailto:summercamp.olg@gmail.com)!