

Winter Address:
Trion Center
2020 West McNab Road Suite 117
Fort Lauderdale, Florida 33309



Summer Address
822 Peru Road
Hinsdale, Massachusetts, 01235

2023 COUNSELOR APPLICATION

Applications should be returned as soon as possible. Please note that the Camp Director will begin reviewing each application as soon as it is turned in. Don't miss out by waiting to apply!

Please scan and send it by email: To: info@olamoondocamp.com /Subject: Counselor Application 2023

PERSONAL INFORMATION

PART A

First Name: _____

Last Name: _____

Nickname: _____

Gender: M ___ F ___

Current Address _____

City _____ State _____ Zip _____

Phone Evening () _____ Day () _____

Cell Phone _____ Email Address _____

Will you be at least 18 years of age by the first day of camp? YES ___ NO ___

Social Security # _____ Birthday Month/Day/Year ___/___/___

Citizenship _____ Your age during 2023 camp _____

Driver's License # _____ State _____ Expiration Date _____

Is your driver's license in good standing? YES ___ NO ___

Have you ever been convicted of a felony? YES ___ NO ___

If yes, please attach an explanation.

How did you hear about O-La-Moon-Do Camp?

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Have you ever been a camp counselor? Yes__ No __

Camp Name: _____

Are you a nursing student? _____

T-shirt Size _____

Emergency Contact:

Name _____

Address _____

Phone _____ Relationship _____

EDUCATIONAL BACKGROUND

	School	Dates of Attendance	Degree/ Diploma	Major	Minor
High School					
College					
Other					

I speak: English__ Spanish__ French__ Other _____

The following questions will give you an opportunity to think about some of your previous experiences and reactions. Please consider these carefully, and then share your thoughts with us. Your responses will provide us with a better understanding of who you are and how you might deal with the responsibility of this role.

ACTIVITY SKILLS: (This section gives us an idea of your interests.) Please mark a “1” to items you have taught and “2” to items you are interested in instructing.

___ Arts & Crafts ___ Basketball ___ Volleyball ___ Archery ___ Lacrosse ___ Soccer ___ Tennis
 ___ Pickleball ___ Softball/Baseball ___ Swimming ___ Kayaking ___ Canoeing ___ Paddleboarding
 ___ Dance ___ Photography ___ Spanish ___ English ___ French ___ Music (Guitar, Keyboard)

*Please describe your experience/skills:

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CERTIFICATIONS

If you hold any of the following certifications, please check and attach a copy of the certificate to this application. (These certifications are not required for volunteers.)

- CPR
- First Aid
- Emergency Water Safety
- Lifesaving (Type _____)
- Water Safety Instructor
- Others

Availability:

_____ July 14th-August 11th

PERSONAL REFERENCES

Please give the name, email address and phone number of two persons not related to you, that you have known at least one year we can contact for a character reference.

1. Reference name: _____

Email: _____

Phone: _____

2. Reference name: _____

Email: _____

Phone: _____

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COUNSELOR EXPERIENCE

PART B

Name: _____

1. Describe previous camp counselor experience: when, where and what responsibilities you had. (Previous experience not required).

2. Relate other experience working with children – when, where, and what responsibilities:

3. Do you play a musical instrument? If so, what? _____

4. Would you be comfortable leading music? Yes _____ No _____

JOBS ARE YOU INTERESTED IN

Please mark two or three jobs from the list:

- Program Director
- Assistant Program Director Spanish Native, bilingual
- Registered Nurse
- Student nurse
- Camp Counselors
- Specialty Counselors
- Camp counselors (bilingual Spanish-English)
- Camp counselors (French-English)

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CONFIDENTIAL PERSONAL INFORMATION PART C

Name: _____

The following information will be kept strictly confidential except to O-La-Moon-Do Camp staff members and Camp Directors.

If you prefer to answer these questions in a personal interview, please place a check mark here: _____

Health

Is your general health and stamina: ___ Poor ___ Average ___ Above Average ___ Excellent

B. Please describe any health problem or condition that could affect your workload, how well you could do your job or the time you work.

C. Do you: Smoke? ___ Vape? ___ Dip? ___

Drink any alcoholic beverages? ___ No ___ Yes

D. Do you take any prescription drugs? ___ No ___ Yes

Medication name: _____

Medication name: _____

If more, please add on an additional sheet.

Condition used for: _____

Condition used for: _____

In order to ensure a safe environment for O-La-Moon-Do campers, we will be conducting criminal background checks on all prospective counselors. Please sign below to acknowledge your understanding of, and compliance with, this policy.

Full Name (Please Print)

Signature

Date

All of the information contained in this application is true and correct to the best of my knowledge. I understand that submitting false or misleading statements on this application or at any other point in the selection process may lead to rejection of my application or termination from placement in the O-La-Moon-Do Camp counselor program.

Signature

Date

O-La-Moon-Do Camp
c/o Adriana Chambliss
Trion Center, 2020 West McNab Road Suite 117
Fort Lauderdale, Florida 33309