



## Ararat Summer Youth Camp August 17-22, 2009 Counsellor Application Form

Name : \_\_\_\_\_ Age : (as of August 17, 2009) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: Home: (     ) \_\_\_\_\_ Cell: (     ) \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Day / Month / Year

T - Shirt Size: (Circle One) (A=Adult)      AS      AM      AL      AXL

**Campers will arrive at Camp on Monday, August 17, however, some counsellors will be asked to be present one day before camp (August 16) to take part in camp preparation.**

**Education:**

Years	School	Diploma / Degree Completed

**Work Experience:**

Dates	Employer	Position	Duties

**References:** Give names and addresses of two people having knowledge of your character, experience and ability (not relatives).

Name	Address	Phone No.	Relationship

**Camp Experience:**

Name of Camp	Location	Years attended	Camper, CIT, or Staff?

**For NEW counsellors, what contributions do you think you could bring to Camp Ararat? For RETURNING counsellors, name three changes that you could make to improve your abilities as a counsellor.**

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**Describe your involvement in your community (church, sports, school, other).**

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**Please list your hobbies and interests.**

**Are you currently certified in:** CPR \_\_\_\_\_ First Aid \_\_\_\_\_ Life guarding (NLS required) \_\_\_\_\_

**Please check off all activities/duties you would be interested in taking part in this summer as a counsellor.** (Please note that you may be asked to participate in any of the following activities):

- |   |  |                                   |  |
|---|--|-----------------------------------|--|
| <input type="checkbox"/> Heritage Studies             | <input type="checkbox"/> Cooperative Games     | <input type="checkbox"/> Sports   | <input type="checkbox"/> Talent Show       |
| <input type="checkbox"/> Arts & Crafts                | <input type="checkbox"/> Camp Ararat Challenge | <input type="checkbox"/> Campfire | <input type="checkbox"/> Music             |
| <input type="checkbox"/> Dance                        | <input type="checkbox"/> Canoeing              | <input type="checkbox"/> Swimming | <input type="checkbox"/> Religious Studies |
| <input type="checkbox"/> Other: Please specify: _____ |  |                                   |  |

I authorize investigation of all statements herein and release Camp Ararat and the Diocese of the Armenian Apostolic Church of Canada from any liability. I understand that, if accepted, I will be a volunteer and receive no financial compensation for the work performed and that any agreement to the contrary must be in writing and signed by the Camp Ararat Camp Director. I also understand that untrue or omitted information may result in dismissal.

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

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18 years of age)

Completed counsellor application forms must be accompanied by a Camp Ararat counsellor/staff medical form ([www.camp-ararat.ca](http://www.camp-ararat.ca)) and mailed by **May 15, 2009** to:

Camp Ararat Staffing  
c/o Holy Trinity Armenian Church  
920 Progress Ave.

Scarborough, Ontario  
M1G 3T5

Please direct any staffing enquiries to Taline Baltayan at [talbal@aol.com](mailto:talbal@aol.com)