

**YMCA Camp Eberhart
Winter Camp Application Form
2006**

NAME: _____ AGE: _____

PHONE: (____) _____ - _____ EMAIL: _____

ADDRESS: _____

Please note that there are a limited number of paid staff positions based on the number of registrations for the weekend. Paid positions are given out in the order in which qualifying applications are received. **If all paid positions are filled by the time we receive your application, are you willing to volunteer for Winter Camp?** Yes/No

Have you worked or volunteered for YMCA Camp Eberhart before? _____

If yes, please briefly describe in what capacity you were employed. _____

What skills and/or experience will you bring to this position? _____

What activities are you most interested in leading when at camp? _____

*PLEASE LIST THE NAMES AND PHONE NUMBERS OF 4 REFERENCES THAT WE CAN CONTACT.
REFERENCES MUST BE OVER 21 YEARS OF AGE AND NO MORE THAN ONE CAN BE RELATED TO YOU.*

1) _____ Phone: _____

2) _____ Phone: _____

3) _____ Phone: _____

4) _____ Phone: _____

Thank you for your application. We will be in touch with you as soon as we have processed everything.