



**2018 Summer Camp
Returning Staff
Application**

Name:		Birth Date:
Temporary Address:		Age on June 18, 2018:
City:	State:	Zip:
Permanent Address:		
City:	State:	Zip:
Phone: (H)		(C)
E-mail :		
What position are you applying for?		
____ Counselor: Explorers	____ Counselor: Adventurers	____ Nature Specialist
↳ Age Preference:		____ Interest Group Specialist
____ Counselor: Naturalists	____ Coordinator	____ Outdoor & Trips Specialist
Certifications & Expiration Dates (CPR, First Aid, Lifeguard, etc.)		
Will there be any dates between June 18th -August 17th where you will not be able to work Monday - Friday? (No camp July 4)		
Do you have a valid driver's license, with a clean record? <input type="checkbox"/> Yes <input type="checkbox"/> No State: _____		
I certify that the information stated on this application is true and correct to best of my knowledge and belief and is made in good faith. Any false statements made by me may be used as a rejection of this application.		
Applicant's Signature: _____		Date: _____

Liz Hornbach, Youth Programs Manager
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