



**2019 Summer Camp  
Returning Staff  
Application**

Name:		By June 17, 2019 will you be:  <input type="checkbox"/> 18 or older <input type="checkbox"/> 25 or older
Temporary Address:		
City:	State:	Zip:
Permanent Address:		
City:	State:	Zip:
Phone: (H) _____		(C) _____
E-mail :		
What position are you applying for?		
_____ Counselor: Explorers	_____ Counselor: Trips & Floater	_____ Specialist (Specify Specialities):
_____ Counselor: Naturalists/Explorers	_____ Administrative Coordinator	_____
_____ Counselor: Multi-Age	_____ Age Group Coordinator	_____
Certifications & Expiration Dates (CPR, First Aid, Lifeguard, etc.)		
Will there be any dates between June 17th -August 16th where you will not be able to work Monday - Friday? <i>(No camp July 5 &amp; 6)</i>		
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No   State: _____   Is your driving Record Clean? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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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