CAMP OLD HICKORY

2023 Counselor / Intern Application

Name		
Address		
City	State	Zip
Phone (Cell # ()	
Age Date of Birth		Gender M I
E-mail address		
Current School	Gra	de (in Fall)
Shirt Size S M L XI	Cother	
Parents Name		
Parents Home Phone (If not same as ab	pove) (
Parents Business Phone ()		
Parents Cell Phone ()		
Have you ever attended Camp Old H	ickory before?	
Please check the sessions you	are <u>available</u> :	
□ Session #1 – June 7	☐ Session #4 –	June 26
☐ Session #2 – June 12	☐ Session #5 –	July 10
☐ Session #3 – June 19	☐ Session #6 –	July 17
*Please note we are cl	osed the week of July .	3 – July 7

Please list any Special Scheduling Request:

Please list all clubs and extracurricular activities you are involved in (for example:		
Drama Club, Beta Club, Dance team, Cheerleaders, Swim team, etc).		
Please list any experience relating to the following areas: Horseback rid	ing	
swimming, canoeing, archery and any sports such as soccer, football, basket		
and baseball. In addition, list any experience working with children.		
Please list any qualities you would like us to consider that you think would be		
beneficial as a camp counselor.		
beneficial as a camp counscior.		
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