

# Adult Counselor Application Air Force Teen Aviation Camp

**Please Print or Type the following information**

**Participant Information**

Name of Applicant:		Email Address (Applicant):		Gender:
Installation Address:		City:	ST:	Zip Code:
Commercial Work Number:		DSN Telephone Number:		
Name of Supervisor:		Email Address (Supervisor):		
Criminal History Background Checks (Completed Dates)	NAC(I)	SCHR	IRC	DCII
Name you want to be called:			Adult Shirt Size:	

**Emergency Contact Information**

Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:

**Applicant Background**

What is your current position? (Job Title & Grade) How long have you been in this position?

Why do you want to be a camp counselor? What qualities or characteristics do you feel you have which will enable you to be an effective counselor?

List your interest and hobbies:

Have you attended trainings and/or have experience with team building, high adventure, or ropes course? Please explain:

Do You Swim?	CPR Expiration Date:	First Aid Expiration Date:
Date Completed Child Abuse Prevention Training:	Date Completed Guidance Training:	
Allergies: List allergies and medications which may need to be administered:		
Special Dietary Needs:		
Do you have experience in any of the following areas? <ul style="list-style-type: none"> <li>○ Orienteering:</li> <li>○ Leading Small/Large Groups of youth:</li> <li>○ Debriefing activities:</li> </ul>		
I understand that completing this form does NOT guarantee that I will be selected as a camp counselor.		
<b>I attest that all information contained in this application form and attached supporting material is to the best of my (our) knowledge truthful, accurate and complete.</b>		
Signature of Applicant	_____	
Printed Name of Applicant	_____	
Signature of Supervisor	_____	
Printed Name of Supervisor	_____	