



Williams Syndrome Association Whispering Trails Camps Walker, Michigan



Application for NEW Instructor and/or Counselor

Which camp would you like to attend?

- Music & Enrichment (Extended) Camp: August 8 – 18, 2007
- Music & Enrichment Camp: August 11 – 18, 2007
- Music Therapy (Extended) Camp: June 13 – 19, 2007
- Music Therapy Camp: June 13 – 17, 2007
- I am available for both camps

Name: _____

Address: _____

City and State, & Zip: _____

Country: _____

Date of Birth: _____

Social Security Number: _____

Phone Numbers: Home: _____

Cell: _____

School/work: _____

What are the best days and times for us to contact you by phone?

E-mail address _____

Please let us know if you do not check email regularly as it is our preferred contact method.

Position applying for:

____ Counselor

____ Music Instructor

____ Music Therapist

Expertise (for Music instructors only): _____

Age preference for Music Therapy camp: 6-7yrs 8-10yrs 11-12yrs

Education/Work History:

School last attended: _____

Degree & date received: _____

Please tell us about your prior experience working with students who have special needs?

Do you have CPR certification? _____ Yes _____ No Date of expiration _____
Water Safety certification? _____ Yes _____ No Date of expiration _____

Previous camp experience (special needs camps or otherwise):

What do you expect to gain from this experience?

List 3 references (include name, address, and phone or email):

	Reference 1	Reference 2	Reference 3
Name:			
Address:			
Phone number:			
E-Mail:			

Have you ever been convicted of anything other than a minor traffic violation? No Yes
If yes, please explain: _____

Any additional comments: _____

Signature

Date

Return Application to:

Terry Monkaba – WSA Camp Programs – 570 Kirks Blvd. #223 – Troy, MI 48084

To return by fax: 248-244-2230

To return by email: tmonkaba@williams-syndrome.org