



# Williams Syndrome Association Whispering Trails Camps Walker, Michigan



## Application for RETURNING Instructor and/or Counselor

Which camp would you like to attend?

- Music & Enrichment (Extended) Camp: August 6 – 16, 2008
- Music & Enrichment Camp: August 9 – 16, 2008
- Music Therapy (Extended) Camp: June 15 – 21, 2008
- Music Therapy Camp: June 17 – 21, 2008
- I am available for both camps

I have previously worked at Whispering Trails for \_\_\_\_\_ # of years

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

- My contact information has not changed in the last year
- My contact info has changed. (please note any changes on back of page)

### 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

Do you have CPR certification?    \_\_\_\_\_ Yes    \_\_\_\_\_ No    Date of expiration \_\_\_\_\_

Water Safety certification?    \_\_\_\_\_ Yes    \_\_\_\_\_ No    Date of expiration \_\_\_\_\_

Have you ever been convicted of anything other than a minor traffic violation?    \_\_\_\_\_ No    \_\_\_\_\_ Yes

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Return Application to:

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

To return by fax:    248-244-2230

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