

Williams Syndrome Association Camp Staff Application



williams syndrome
ASSOCIATION

Application for NEW Instructor, Counselor or Volunteer – Summer Sessions 2012

Which camp would you like to attend?

- Music Therapy Camp: July 15 – 19
- Music Therapy Camp (extended) July 15 - 21
- Music & Enrichment Teen Camp: Aug. 4 - 11
- Music & Enrichment Adult Camp: Aug. 12 – 19

Mandatory staff trainings will be required for the M&E Camp and are added into the camp dates

Camp Shirt size: Small Medium Large XL 2XL 3XL

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:

Please note: Assistants for MT camp must be students of music therapy or a related field

“Counselors” are for teen & adult camps. They live in cabins with campers and participate in all camp activities

Instructors teach private and/or group music/art/dance lessons – they may choose to live in cabins with campers as add'l counselors or in staff cabins(if available)

- Counselor Instructor Music Therapist Music Therapy Asst.

Instructors/Therapists:

What is your expertise: _____

I am able to teach private lessons in the following areas: _____ & at the following level:

_____ Beginner _____ Intermediate _____ Advanced

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 Kirts Blvd, Suite 223 ~ Troy, MI 48084
To return by fax: 248-244-2230 To return by email: tmonkaba@williams-syndrome.org