



**CAMP FIRE WILANI  
DAY CAMP ASSISTANT COUNSELOR TEEN VOLUNTEER APPLICATION**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Dates Desired:  Day Camp One: June 17th - June 21st (May be shortened due to snow days)  
 Day Camp Two: August 5th - 9th

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Phone Email: \_\_\_\_\_

Extra-curricular Activities: \_\_\_\_\_

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Work/Course of Study/College Interests: \_\_\_\_\_

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Why would you like to be an Assistant Counselor? \_\_\_\_\_

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Please describe any experiences you have had that would help you be successful in this

position: \_\_\_\_\_

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**REFERENCES**

1.) Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Years Known \_\_\_\_\_ Email \_\_\_\_\_

2.) Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Years Known \_\_\_\_\_ Email \_\_\_\_\_

3.) Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Years Known \_\_\_\_\_ Email \_\_\_\_\_

I attest the information provided is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I give permission for my child to participate in the Camp Fire Wilani Day Camp Assistant Counselor Volunteer Program. I further understand that this commitment is for an entire week long session plus training, and that my child will be riding a bus daily to the site in Veneta at 24487 Bolton Hill Road, Veneta, Oregon. I further understand that this is a volunteer opportunity and no compensation will be provided.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Submit completed forms to:**  
Elissa Kobrin, Executive Director  
[ekobrin@wilanincouncil.org](mailto:ekobrin@wilanincouncil.org)  
541-359-4508