



MINISTRY OF YOUTH DEVELOPMENT AND SPORTS

National Summer Camp

3rd Floor Blue Coral Building

Cnr. Of Bridge Street and William Peter Boulevard

Castries

Tel# 468 5410 / 468 5402

CAMP STAFF APPLICATION

Name: _____

First

Last

Home Address: _____

Phone: _____(h) _____(c) Date of Birth: ____/____/____

School: _____

Form: _____ Telephone # _____

Student Activities/Organization: _____

Community Organizations/Membership _____

Hobbies and/or Special Interests: _____

Position most desired at Camp this summer:

Camp Supervisor ___ Camp Coordinator ___ Camp Instructor ___

Cricket Coach ___ Netball Coach ___ Basketball Coach ___ Volleyball Coach ___

Athletics Coach ___ Judo Coach ___ Football Coach ___ Dance Instructor ___

Any other (s) please specify _____

Special skills which could be used in camp for your desired position: _____

Why do you want to serve on the Camp Staff: _____

What do you expect to gain from this summer camp staff experience: _____

If Selected:

- I agree to be loyal to and cooperate fully with all rules, regulations, programs and camp leadership
- I will participate fully in all pre-camp staff activities, training and post camp clearing up

Applicant's Signature _____

APPROVALS (Parents/Guardian approval required for applicants under 18 years of age)

Parents/Guardians Name: _____

Address _____

Telephone Contact: _____ (h) _____ (c) _____ (w)

Date Application Received _____

Accepted: _____ Not Accepted _____ Position _____