



SIERRA MOUNTAIN MUSIC CAMP
Choirs & Orchestra
Children's Resident Summer Camp
 (A California Non-Profit Corporation)
P. O. Box 2881
Rancho Cordova, CA 95741
(916) 967-SONG (7664)
 Federal Tax I.D. #20-3763682
www.iSMMC.com

Counselor Application Form

Please fill out the information requested below. This questionnaire is for informational purposes only, all fields are required, and must be filled out each year. This will help us use your abilities to the greatest effect at camp.

Counselor applications are due by **May 1, 2012**. Any forms received after the deadline will be considered, but does not guarantee a counselor position. For questions, please contact Activities Director, Nichole Harshbarger, at Nichole@iSMMC.com, or our Administrative Director, Julie Westbrook at Julie@iSMMC.com.

All counselor candidates must register for camp with a \$75.00 deposit, and all counselors must turn in **ALL** forms, due no later than June 1, 2012. Counselor tuition discount rates are as follows: Counselors in Training (CIT) do not receive a discount during their training, First-Year Counselors receive a \$200 scholarship, Second-Year Counselors receive a \$400 scholarship, and Senior Counselors receive a full scholarship.

General Information:

Name:		Phone:	
Address:			
Email:		Cell Phone:	
City:	Zip:	DOB:	Gender: M F
School:		Ethnicity:	Grade Level:
Major:			
Best way to reach you? Circle all that apply: Home Phone, Cell Phone, Email, Text Message			
Do you drive? YES NO If yes, and you are driving up to camp, please provide proof of insurance. *Per camp policy, counselors may only drive other campers and counselors under age 18 if the driver is over 21 years of age, and proof of insurance is on file with S.M.M.C.			

Experience:

Have you been to SMMC before? YES NO	If yes, how many years?	
Have you been a SMMC Counselor before? YES NO	If yes, how many years?	
Have you worked with children before? YES NO	If yes, where?	
Have you ever been a counselor before? YES NO	Where?	How many years?
What age range of campers are you comfortable with? Why?		
Are you CPR certified? YES NO	Certified by:	Date:
Are you First Aid certified? YES NO	Certified by:	Date:
Are you Lifeguard certified? YES NO	Certified by:	Date:
Leadership Experience:		

Other Youth Organizations:
Would you like to be in charge of an activity? YES NO
If yes, which activities? (sports, crafts, dance, games, etc.)
What other talents or experience do you feel could apply to being a counselor?
Why do you want to be a counselor?

Personal and/or Professional References - ALL FIELDS ARE REQUIRED

(teachers, pastors, coaches, employers, youth organization leader, etc.):

Name:	Title:
Phone:	Email:

Name:	Title:
Phone:	Email:

Name:	Title:
Phone:	Email: