

# Camp OFLA Application—H.S. Counselor Summer 2010

## Directions:

Please fill in all information at the top and give the form to your foreign language teacher reference to complete the bottom portion.

## Please return this application form by April 15, 2010 to:

Lori Winne  
Camp OFLA  
6238 Jacobs Street  
Erie, MI 48133

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ E-mail \_\_\_\_\_

Foreign language studied \_\_\_\_\_ Level completed \_\_\_\_\_

Foreign language teacher's name \_\_\_\_\_ Current grade: A B

Have you previously been a camp counselor? Y N

If so, reference contact person's name \_\_\_\_\_ phone number \_\_\_\_\_

Skills that you would bring to the camp \_\_\_\_\_

\_\_\_\_\_

Signature of student applicant: \_\_\_\_\_

Signature of student applicant's parent (if under 18) \_\_\_\_\_

I give permission for my son/ daughter to work as a camp counselor at Camp OFLA.

## Teacher Evaluation of Prospective Camp OFLA Counselor

Please circle one for each category.

Grading Scale 1(lowest) to 5 (highest).

Ability of applicant to work with others 1 2 3 4 5

Self motivation of applicant 1 2 3 4 5

Communication skills (speaking, writing) 1 2 3 4 5

Overall recommendation of foreign language teacher 1 2 3 4 5

Signature of foreign language teacher: \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_