

Program Specialist Application

CONTACT INFORMATION

First name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Employer: _____

Employer Address: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____

LOCATION

Camp Wakonda (Campers 7-10 Years Old)

GENERAL QUESTIONS:

1. Have you ever been convicted of a crime? YES NO
If so, please explain: _____

2. Have you volunteered with other organizations? YES NO
Please describe your experience:

3. Please indicate your availability: Weekdays Weekends
If you selected weekdays, please indicate availability below.
Monday Tuesday Wednesday Thursday Friday
9am–12pm 2am–2pm 2am–4pm 5pm–7pm

4. Are you fluent in any language other than English? YES NO
Which languages are you fluent in? _____
Are you willing to act as a translator / ESL tutor? YES NO

