

St. John Summer Camp  
Volunteer Counselor Application  
Year: \_\_\_\_\_

Please fill out thoroughly and return to:

Camp Director: Kevin Dougherty  
St. John Orthodox Church  
PO Box 1198  
Eagle River, AK 99577  
907-694-5084 fax: 907-696-5555

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Parish: \_\_\_\_\_ Home Priest: \_\_\_\_\_

Please indicate any of the following areas where you have some ability, experience and interest in leadership opportunities:

Canoeing \_\_\_\_\_ Archery \_\_\_\_\_ Swimming \_\_\_\_\_ Life Guarding \_\_\_\_\_ Crafts \_\_\_\_\_  
Sports \_\_\_\_\_ Drama \_\_\_\_\_ Singing \_\_\_\_\_ Instrument \_\_\_\_\_

Please list and describe any training or official qualifications you have for any of the above (or other) areas of leadership:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please write a paragraph (or more) explaining why you want to volunteer at camp this summer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First time applicants: please provide three references.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone and/or email: \_\_\_\_\_

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Phone and/or email: \_\_\_\_\_

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Phone and/or email: \_\_\_\_\_