



# J.W. Hayden Recreation Centre

est. 1958

## APPLICATION FOR COUNSELOR IN TRAINING 2024

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Primary phone \_\_\_\_\_

School \_\_\_\_\_ Grade in Sept. 2024 \_\_\_\_\_

E-mail \_\_\_\_\_ Cell phone \_\_\_\_\_

Parent e-mail \_\_\_\_\_

Are you a current Hayden member? \_\_\_\_\_ If no, have you been in the past? \_\_\_\_\_

Have you volunteered at Hayden in the past? \_\_\_\_\_

If yes, in what classes or programs \_\_\_\_\_

### **Camp Dates:**

Dates of sessions are subject to change due to Lexington Public School's calendar.

**\*\*Counselors-in-Training must volunteer a minimum of one week this summer. Camp starts at the end of June and will run until the end of August.\*\***

In which camp would you like to volunteer? (Circle all that apply)

*Offered Weekly:*      **Camp Tricon** (Ages 4 – Kindergarten)      **Day Camp** (Gr. 1-6)

*Weeks Offered Vary:*      **Enrichment Camps** (Gr. 2-8)      **Sports Camp** (Gr. 2-8)

Briefly describe any special skills or interests you may have:

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Briefly describe any experience you may have working with children, or experience in your chosen department:

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_