

PVPA CONSERVATORY - SUMMER 2025 - CAMP COUNSELOR APPLICATION

**Please write legibly.*

Name _____ Age _____ T-Shirt Size (Adult Sizes, XS-XL) _____

Student Cell Phone _____ Student E-mail _____

School _____ Grade _____

Guardian Name/Relationship _____

Guardian Cell Phone _____ Guardian E-mail _____

Do you have a valid driver's license?: Yes No

If no, do you have reliable transportation options?: Yes No

Session(s) you are interested in (Check all that apply): June 16-27 July 7-18
 July 21-Aug 1

Have you been a counselor at PVPA before?: Yes No

If yes, is there a specific job you would like?: _____

Have you been a counselor at other camps/schools?: Yes No

Tell us three of your best attributes:

Create a book title that best describes you:

By signing below, I understand that, if accepted as a camp counselor, I will be on time and present to all camp sessions selected for and agree to participate in a training session on June 5th from 4-6pm. Full attendance is mandatory for participation in this program. Camp is from 10am-2pm and you will be called from 9:15am-2:30pm Monday-Friday and 9:15-4:30pm on the last day of each camp. You may be called slightly earlier on the first day of each camp.

If you have been a counselor with us in previous years, you DO NOT need to interview. Simply turn in this completed application to Joel's office by Friday, April 25th.

Student Signature _____ Date _____

Guardian Signature _____ Date _____