



# Music, Art, and Dance Camp

## Counselor/Intern Application

I am applying to be a:  Junior Counselor (ages 13-16)  Senior Counselor (ages 16+)  
 Intern (ages 18+ with experience in related fields)

Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age as of (07/01/2024) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

\_\_\_\_\_

What is the best way to contact you? (circle one)

Home Phone      Cell Phone      E-mail      Text

T-shirt Size? (circle one) 100% Cotton

CS    CM    CL    CXL    AS    AM    AL    AXL    AXXL

Preference of ages to work with:

1<sup>st</sup> choice (circle one) 4-5    6-7    8-9    10-12

2<sup>nd</sup> choice (circle one) 4-5    6-7    8-9    10-12

Do you have any extra-curricular activities (including jobs) that may conflict with camp meetings or responsibilities? If so, please explain and give dates and times that may be conflicting.

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**Applications should be received no later than May 30, 2024.**

Returning Counselors only need to complete the first page of the application.

New Counselors/Interns need to complete both pages of the application.

Please send completed applications to:

Music, Art, and Dance Camp  
c/o Anna Penn, Administrator  
1031 Carol Street  
Jefferson City, MO 65101

### New Counselor/Intern Only

**Experience:** Please tell us about your experiences with children or your experience with a related field pertaining to camp. You may attach additional pages for any of the application process.

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**References:** Please provide contact information for 3 reference. We are looking for people who can vouch for your character, work ethic, and ability to work well with children and other camp staff. No more than **one** of your reference may be a relative.

Reference Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Reference Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Reference Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

\*Interviews for new counselors will be held by appointment only.\*