



Chinmaya Mission® Washington Regional Center

46 Norwood Road, Silver Spring, MD 20905. Tel: 301-384-5009

SUMMER CAMP 2007

YOUTH COUNSELOR VOLUNTEER APPLICATION FORM

Minimum age: 13 years completed

Selection strictly based on merit and commitment

Name: _____

LAST

FIRST

M.I.

Date of Birth (M/D/Y) _____ Age _____ Gender _____

Address: _____

Phone: _____ Cell: _____

Youth Email address: _____ Parent Email address: _____

Grade: _____ G.P.A. _____

Mother's name _____ Telephone: _____

Father's name: _____ Telephone: _____

School name & Address: _____

School & Community Activities: _____

Sports: _____ Indian Dance: _____

List any musical instruments you play: _____ Sing Bhajans? Yes / No

Available weeks: Virginia: () June 25-29; () July 2-6; () July 9-13; () July 16-20

Maryland: () July 23-27; () July 30-Aug. 3; () Aug. 6-10; () Aug. 13-17

Did you attend BV classes at Chinmaya Mission? _____ If so, for how long: _____

Did you attend any Chinmaya Summer Camp and in what years? _____

How many hours of school community service you have completed? _____

Describe briefly what fun and other sports activities you could organize for Camp children:

Why do you want to be a volunteer counselor? (use reverse side for additional information)

Please note:

- Preference is given to those applicants who can commit to serving as volunteers for the full 4 weeks of the camp
- The deadline to submit the application is Friday, April 20, 2007

I agree that all the information given above information is correct to the best of my knowledge. If I am selected, I will obey the teachers and other volunteers and coordinators and be a good role model for all Camp children. I understand that if I fail to keep up with the required discipline, I will be suspended to work as a Counselor. I will attend the Orientation/s when scheduled.

Signature: _____ Date: _____

Mission coordinator: _____ Date received: _____