

Thy Kingdom Come!

INITIAL SUMMER CAMP COUNSELOR APPLICATION

Must be completed before February 1st

Application Date: _____

NAME: (First, Middle, Last, Mother's Maiden Name)

AGE: _____

DATE OF BIRTH: _____ (Day/Month/Year)

COUNTRY OF ORIGIN: _____

CURRENT RESIDENT CITY: _____

GRADE LEVEL: _____

SCHOOL: _____

WHAT IS YOUR ENGLISH LEVEL? _____ (Beginner, Intermediate, Advanced)

ARE YOU AN OAK ALUMNI? YES/NO SUMMER CAMP/STUDENT YEAR: _____

ARE YOU INVOLVED IN ECYD or REGNUM CHRISTI YES/NO

ARE YOU COMPLETELY AVAILABLE FROM JUNE 29th to AUGUST 3rd? YES/NO

WHAT ARE THREE REASONS WHY YOU WANT TO BE A SUMMER CAMP COUNSELOR? (one sentence each)

1. _____

2. _____

3. _____

PLEASE email the completed form together with a picture to Kathleen Almon (kalmon@ovrbrk.org) as soon as possible. Once approved, you will be sent a more extensive application and enter the counselor selection process. There is a limited number of counselors we can accept. The final list will be selected by April 1st.

Selection Process includes:

- Application form
- Two Recommendation letters
- Written Parental Permission
- Written preparation of a night activity and night reflection for a specific age group
- About 3-4 online virtual meetings/trainings