

Mail Applications to:

Steven Norman-Head Counselor Camp Kno-Koma
850 Idlewood Street Unit 7
Morgantown, WV 26505
Phone: (304) 237-7009 www.campknokoma.com

If, during the application process, you come across any questions or concerns please contact Steven Norman at the phone number above or email snorman2@mix.wvu.edu. Make sure to submit the three required references and to PRINT LEGIBLY. There is one copy of the reference form at the end of the application.

First Name: _____ Last Name: _____

Date of Birth: _____

Social Security Number: _____ - _____ - _____ Male Female

Permanent Address: Street: _____ City: _____

State: _____ Zip Code: _____ Phone: (____) _____ - _____

Current Address: Street: _____ City: _____

State: _____ Zip Code: _____ Phone (____) _____ - _____

Send my mail to: Current Address Permanent Address

*All mail will be sent to this address including end of the year tax information.

E-mail: _____

Person to notify in case of emergency:

Name: _____ Relationship: _____

Street: _____ City: _____

State: _____ Zip Code: _____ Phone (____) _____ - _____

Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

• Do you have diabetes? Yes No

• If yes, what type of insulin are you currently taking?

• Have you previously been a counselor for Camp Kno-Koma? Yes No

• If yes, how many years? _____

• Do you have any other camping experience (ex. Church camp, 4-H, etc.)?

• List any hobbies or special talents you have:

• Camp Kno-Koma is a highly active camp. Do you have any physical limitations?

• Why do you want to be a counselor for Camp Kno-Koma?

• Please list any special training/schools/workshops/conferences you have attended that would be beneficial to your employment at camp. Please include any experience you have with diabetes.

• T-Shirt Size _____

• What could be our biggest challenge for you at our summer camp?

I understand that all the above information is true to the best of my knowledge. I have read, understand, and agree to abide by all of the counselor regulations of Camp Kno-Koma if hired as a counselor. I also agree to fulfill all of the job requirements as listed in the job description if I am hired for the position of counselor at Camp Kno-Koma. I understand that I will be paid a stipend of \$275.00 at the end of camp, from which taxes will be deducted. I understand that I may be subject to a criminal background check.

Signature _____ Date _____

List Three References:

Name: _____

Address _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Relationship: _____

Years Known: _____

Name: _____

Address _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Relationship: _____

Years Known: _____

Name: _____

Address _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Relationship: _____

Years Known: _____