

CHAMPIONS KIDS CAMP  
INTERN APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone: Cell \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

List the years you have been a camper at Champions Kids Camp \_\_\_\_\_

\_\_\_\_\_

What is your reason for wanting to be an intern at Champions Kids Camp? \_\_\_\_\_

\_\_\_\_\_

What contributions do you think you can make to children at camp? \_\_\_\_\_

\_\_\_\_\_

Do you speak any foreign languages? Yes / No What language(s)? \_\_\_\_\_

Please list any special skills, personal qualifications or hobbies that you feel would enhance experiences for the campers:

\_\_\_\_\_

Please list current medical diagnosis, behavioral/mental health diagnosis, behavioral concerns and known medication side effects. \_\_\_\_\_

\_\_\_\_\_

**Current Medications** (Please include pharmacy # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_)

Name	Description	Dosage	Purpose

(over)

Printed Intern's Name: \_\_\_\_\_

Therapist's Name (if applicable) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Social Worker's Name (if applicable) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

List any health concerns or limitations that might affect your ability participate in the general camp activities?  
If so describe: \_\_\_\_\_

Please list any school or legal discipline experiences.

Please describe your original reason for attending camp as a camper. \_\_\_\_\_

Any dietary limitations MUST be manageable by the intern and not impede the ability to perform your duties.

T-Shirt size: (circle one) S M L XL XXL XXXL

APPLICATION AND REFERENCES RETURNED TO:

Champions Kids Camp  
9711 S. Mason Rd., Ste 125, Box 305  
Richmond, TX 77407

PLEASE REMEMBER TO HAVE THE APPLICATION, TWO (2) REFERENCES & A PICTURE EMAILED OR MAILED TO US BY THE APPLICATION DEADLINE: **May 31, 2021**

Camp Dates: July 24-29, 2022

I understand that making any false statement on this application will be sufficient for discharge. I hereby guarantee the correctness of the above statements. I hereby authorize you to contact my references. I understand that this is an application only and not a guarantee of a position.

**\*If accepted I pledge: I will listen to my Champs instructions and will follow all of the instructions, to work as a cohesive unit to serve all campers in our group. I understand that if I do not respect the Champ's leadership or that of the staff I will be sent home immediately and will not be allowed to return.**

\_\_\_\_\_  
Signature of applicant Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Date \_\_\_\_\_ Signature of