Date

CHAMPIONS KIDS CAMP INTERN APPLICATION

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/intern 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

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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, 2025**

Camp Dates: July 13-18, 2025

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.**

 Date

Signature of applicant

 Date

Signature of Parent/Guardian

Revised January 2024