

Program Aide Application
Wapato Twilight Camp

Personal Information

Name: _____

Birth Date: _____ Grade in Fall: _____ School: _____

Address: _____

City: _____ Zip Code: _____ Phone Number: _____

Email Address: _____

Leadership History

List any leadership experience you have had:

<u>Organization</u>	<u>Type of Experience</u>	<u>Dates</u>
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Date of completion of Program Aide Core Training: _____
(Leave blank if not completed)

List any Program Aide Specialty Workshops you've attended: _____

List any extracurricular activities or clubs you belong to: _____

Date you completed a Leadership in Action Award: _____
(Leave blank if not completed)

Briefly explain what you did to complete the Leadership in Action Award: _____

Certifications

Please indicate certificates you may hold and expiration dates:

_____ Standard First Aid Expiration Date _____

_____ Advanced First Aid Expiration Date _____

_____ CPR Expiration Date _____

Question and Answer

Why do you think you should be selected as a Program Aide?

What are your personal goals for the summer of 2019?

Describe your experience working with children.

How important is it for Program Aides to attend camp planning meetings? Why?

Which Girl Scout level do you prefer to work with? Why?

As a Program Aide, you may be asked to specialize in one area. Please note in which area you would like to specialize. Indicate your top 3 choices.

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Outdoor Cooking | <input type="checkbox"/> Knots | <input type="checkbox"/> Unit Helper |
| <input type="checkbox"/> Leave No Trace | <input type="checkbox"/> Songs | <input type="checkbox"/> Games |
| <input type="checkbox"/> Campfire | <input type="checkbox"/> Hiking | <input type="checkbox"/> Arts and Crafts |
| <input type="checkbox"/> Outdoor Living Skills | <input type="checkbox"/> Knife Safety | <input type="checkbox"/> First Aid |

Leadership at camp is of vital importance. The purpose of the Program Aide program is to provide quality leadership training for future camp counseling and other leadership roles. I understand that a Program Aide is still a camper and I agree to abide by the rules and regulations affecting campers and the code of conduct (Girl Scout Law and Promise).

Signature of Applicant _____

Signature of Parent/Guardian _____

Please return this application with registration to: Wapato Twilight Camp
9430 South L Street
Tacoma, WA 98444-4232