

CAMP WOW

RETURNING STAFF APPLICATION



Name: _____

Email: _____

Birthday: _____

Phone (best to contact you): _____

T-shirt size: _____

Address: _____

City: _____

State: _____

Zip: _____

POSITION

1st Choice: (Choose One)

- Rockwall
- Waterfront
- Support
- Support/Kitchen
- Media

2nd Choice: (Choose One)

- Rockwall
- Waterfront
- Support
- Support/Kitchen
- Media

SESSION (Choose One)

- 1ST Session (Work Week + May 31st - July 2nd)
 - 2nd Session (Work Week + July 3rd - Aug 5th)
 - Full Summer (Work Week + May 31st - Aug 5th)
- Work Week Dates: May 24th - 30th

QUESTIONNAIRE Please answer all questions honestly.

Describe your past experience as a staffer at Camp WOW? _____

If there were something(s) you could change about your experience at Camp WOW, what would it be?

What is one way Camp WOW could improve your experience as a staffer? _____

What is one way Camp WOW could improve over-all? _____

What was your favorite thing about serving on staff? _____

What was your least favorite? _____

Why do you feel led to serve at Camp WOW again this summer? _____

Signature: _____ *Date:* _____

Thank You for your interest in serving at Camp again!

Please return this form to Jenna, via Email (jenna@campwow.com).

Text photo(405-821-0763) or Fax (580-892-2606).