

Laketrails Base Camp 2022 CAMPER WORKER APPLICATION & REGISTRATION

CAMPER WORKER CONCEPT: A camper worker is an experienced Laketrails camper who, in exchange for one half his/her camping fees, assists in the maintenance of Laketrails in a number of positions including: KP Boss, Sanitation Engineer, Floor Specialist, and Kitchen Assistant. In addition, the camper worker assists the Guides on canoe trips, acts as a camp host to new campers, and serves as liaison between campers and staff. Laketrails camper workers fill a vital role and should be prepared for a challenging but fun experience.

CAMPER WORKER QUALIFICATIONS: Applicants for camper worker must usually be 16 years of age by the start of camp. Applicants should be knowledgeable of the Laketrails program, and be enthusiastic, cooperative, friendly, and flexible in nature. They must also be willing to serve as positive role models for their fellow campers. **Among other things you will be asked to turn in your phone, and pledge not to use tobacco, alcohol, or drugs during your time at Laketrails.** Preference will be given to campers who have attended at least one Laketrails session. Camper worker applicants must be available for at least three sessions.

First Half Dates: July 5 – 20 Second Half Dates: July 22 – August 7					
Se	cond		Either		
Sec	cond Half:	\$650			
		T-shirt s	ize:		
Cit	у	State	Zip Code		
Grade next year:		School:			
Pa	rent #2 nam	ne:			
Pa	rent #2 pho	ne:			
Yo	Your email:				
Yo	ur phone:				
	v	<i>t</i>):	Dates		
Phone Ass	signed tasks		Dates		
		-			
ment/s as a Laketrail	s camper:				
	Series Series Phone Asseries Phone Asseries Series Phone Asseries Phone Pho	Second	Second Half: \$650 Second Half: \$650 City State Grade next year: School: Parent #2 name: Parent #2 phone: Parent #2 phone: Your email: Your phone: FResponsibility (Most recent first): Phone Assigned tasks		

Job Assignment:

While it is not guaranteed, please list your preference for a Camper Worker job assignment:

Why do you want to be a Camper Worker? If you've been a CW in the past, what will you focus on this year?

PERSONAL REFERENCES:

Choose two adults--**NOT your immediate family and friends**--who are familiar with your character as it relates to your work ethic, attitude, and your ability to work with others. (Good reference sources might include teachers, coaches, employers, ministers, or other youth leaders.) You are responsible for asking these individuals to write a short letter on your behalf and assuring that it is returned to the Laketrails office by email or at the address below. Your application is not considered complete until your reference letters have been received. Please list your references:

Name: _____

Relationship: _____

Name:

ACKNOWLEDGEMENT

To be considered for the Camper Worker position, applicants must read and sign the following statement: I certify that the facts set forth in this application are true and complete, and I understand that if I am selected, false statements on this application shall be considered sufficient cause for immediate dismissal. Laketrails is hereby authorized to make investigation of all statements contained in this application. I also authorize my former employers to release any information they may have regarding my application. I have read the document entitled "Camper Worker Policies" and agree to abide by the policies stated.

Date

Signature of Applicant

Date

Relationship: _____

Registration and Payment Information

Registration & Payment: A deposit of \$100 is required at time of registration. All fees are due 4 weeks prior to camper's desired session.

Refund Policy: Except for the \$100 deposit, the full fee is refundable up to May 1, 2022. After this date, 50% of the fee is refundable if the camp is notified at least two weeks prior to the start of your session.

Camperships: We hope that no one will be prevented from attending Laketrails because of the cost. We provide both partial and full camperships based on need. Copies of the policy and the application form are available through the Laketrails office or online at www.laketrails.org.

VISA or Mastercard (Please of	circle) Amount	Name on card: _		
CSC code	Expiration	Mailing address:		
Card #		City/State/Zip: _		
*Would you like your remaining balan	nce to be billed to the above credit card	on May 1?	Yes	No

Enrollment Agreement

I wish to enroll my child in the sessions at Laketrails indicated above and described in the parent information packet. I have read the program description and <u>Camper Worker Policies</u>, understand the requirements for participants, and give permission for my child to participate. I understand the payment and refund policies described above. I hereby give permission to the medical personnel selected by the Laketrails staff to hospitalize, secure proper treatment for, and to order anesthesia or surgery for my child listed above. I also authorize Laketrails to use for promotional purposes any photos or videos taken of my child while involved in Laketrails programs.

Signature of Parent/Guardian

Return your <u>completed application/registration form</u> to: Laketrails Base Camp P.O. Box 810 Warroad, MN 56763 or email to info@laketrails.org.