

Our Lady of Calvary School
11023 Kipling Lane
Philadelphia, PA. 19154-4295

CAMP CALVARY COUNSELOR/JUNIOR COUNSELOR FORM – 2018

Name: _____ Age: _____ Grade (6 to 12) in September: _____

Address: _____ Zip Code: _____

Home Phone: _____ Emergency Phone: _____

School: _____ Parish: _____

I am able to take care of: Boys: _____ Girls: _____ Either: _____

1. Please name the counselors who have asked to work with you:

2. Please name campers who may have requested you as counselor (optional):

Check off the week(s) in July that you will be in camp.

_____ **Week 1** _____ **Week 2** _____ **Week 3**
(9-13) (16-20) (23-27)

To be completed at the end of Camp Calvary by Sister Mildred , if needed.

Counselor Evaluation form: (When requested by High School student will be/is attending.)

Name: _____ Grade in September: _____

Time served volunteering: Hours: _____

Quality of Volunteer Service: _____ Excellent _____ Very Good

Comment: _____
