

SAM Leadership Application

Requirements:

- Must be at least 14 years old
- Must attend at least 5 full weeks of camp
- Must provide 2 letters of recommendation
- Must complete the application (due June 1)

Applicant's name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Age as of June: _____

Summer Camp Experience Camp Name/Location/Years Attended:

Extracurricular Activities/Clubs: _____

Sports: _____

Other: _____

Please list three reasons why you would like to become a SAM Leader:

1. _____
2. _____
3. _____

Please list three skills you would like to develop as a SAM Leader:

1. _____
2. _____
3. _____

What three qualities best describe you? :

1. _____
2. _____
3. _____

Please list any licenses or certifications that you hold (CPR, First Aid, Lifeguard, Babysitting): _____

Expiration Date _____

Please circle which weeks of camp you are attending (must be at least 5 weeks):

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Week 7	Week 8	Week 9	Week 10	Week 11	

Applicant's Statement: I certify that the information made herein and on the enclosed resume and/or attachments are true to the best of my knowledge. I authorize investigation of all statements contained in this application, including a thorough background investigation, and understand that false or misleading information given in all my applications or interview(s) may result in discharge. I release from liability all persons and organizations reporting information required by the application. Signature of

Applicant: _____

Date: _____

Signature of Parent/ Guardian: _____

Date: _____

Please turn this application into the Camp Office no later than June 1st, along with 2 letters of recommendation (from someone other than a family member).

Camp SAM
1855 Hurffville Road Sewell, NJ 08080
(856) 401-8111