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

CAMP CALVARY COUNSELOR/JUNIOR COUNSELOR FORM – 2019

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 & if you will be going on the field trip.

_____ Week 1 (8-12) _____ Week 2 (15-19) _____ Week 3 (22-26)

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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: _____

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