

Trollbacken, Swedish Language and Culture Camp 2012

August 20th – 25th

Counselor Application Form (*please return before May 28th, 2012*)

Name _____ M _____ F _____

Date of Birth _____ Grade completed June 2012 _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email; _____

T-Shirt size: YM YL S M L

Have you had experience in working with children ages 7 – 13? **Yes** _____ **No** _____

List experience you have had being responsible for groups of children in a “camp” setting or a leadership position. Include when and where. _____

Do you consider yourself an outgoing person? _____

Are you aware of any medical/emotional problems, which could interfere with your responsibilities in this position as a counselor? **Yes** _____ **No** _____ if yes please explain on a separate sheet of paper.

Can you speak and read Swedish? **Yes** _____ **No** _____ If yes, please rate yourself,

1-10 _____

Were you born in Sweden? **Yes** _____ **No** _____ Have you visited Sweden? **Yes** _____ **No** _____

What is your Swedish connection?

Do you have a First Aid Card? **Yes**___ **No**___ Can you swim? **Yes**___ **No**___

What are your favorite sports? Do you play any instrument?

Please describe yourself, your talents and skills and why you are interested in being a counselor at Trollbacken_____

Why do you feel you would be a good counselor at Trollbacken? _____

Have you ever have been convicted of a crime? **Yes**___ **No**___
If yes, please explain.

Please list two references (i.e. camp director, employer, teacher or other)
Include name, telephone number and occupation.

Name_____ Phone _____ Occupation_____

Name _____ Phone _____ Occupation _____

Please return this application before May 28th, 2012

Send to:

Tina Kreft-Tengblad

4114 SW 48th Place

Portland, OR 97221 Any questions? Please call Tina at 503-296-4884 or Email:

Director@trollbacken.org
