

CAMP SOAR 2018 Leader Application



Name: _____ Grade: 10/11/12
(Circle)

Have you been a camp leader before? Y / N

What are your reasons for wanting to be a Camp SOAR Leader?

What qualities do you feel you possess that would make you an effective peer leader?

What extra-curricular activities have you been involved in?

(List the organizations you have participated in such as clubs, teams, music, yearbook, etc.)

Teacher Reference #1:

Teacher Reference #2:

Name: _____

Name: _____

Signature: _____

Signature: _____

Parent/Guardian Signature: _____

Please complete and return to Main Office by Friday, April 20

(Leader Camp Date: May 3rd

CAMP SOAR: May 8-9th)