

Camp Mystic

Attach your
Photo here
(required)

COUNSELOR APPLICATION

Camp Mystic strives to help its campers be better people for being at Mystic, let Mystic bring out the best in them, and grow spiritually.

RETURN TO: 2689 Hwy 39, Hunt, TX 78024-3412 (830) 238-4660 mystic@ktc.com www.CampMystic.com FAX 830-238-4660

Full Name _____ Name Used _____

Home Address _____ City _____ St _____ Zip _____ Ph # _____

Cell # _____ Date-Of-Birth _____ Age _____ Religion _____

Email _____ College Name _____ Major _____

College Address _____ City _____ St _____ Zip _____ Ph # _____

Circle: Freshman / Sophomore / Junior / Senior Social Security # _____ Sorority _____

Have you attended Camp Mystic before? _____ Who told you about Mystic? _____

Other camps attended or employed by _____

Number your top 5 activity choices in the "willing" box (1=first choice). Check willing and/or experienced as they apply. Activities marked with an "*" are our hardest to fill. Choose at least 2 of those activities.

	WILLING	EXPERIENCED		WILLING	EXPERIENCED		WILLING	EXPERIENCED
Aerobics	<input type="checkbox"/>	<input type="checkbox"/>	Golf	<input type="checkbox"/>	<input type="checkbox"/>	WATERFRONT**	<input type="checkbox"/>	<input type="checkbox"/>
Archery	<input type="checkbox"/>	<input type="checkbox"/>	Guitar*	<input type="checkbox"/>	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	<input type="checkbox"/>
Arts & Crafts*	<input type="checkbox"/>	<input type="checkbox"/>	Horseback (west)**	<input type="checkbox"/>	<input type="checkbox"/>	Diving	<input type="checkbox"/>	<input type="checkbox"/>
Basketball*	<input type="checkbox"/>	<input type="checkbox"/>	Horseback (Eng.)*	<input type="checkbox"/>	<input type="checkbox"/>	Canoeing	<input type="checkbox"/>	<input type="checkbox"/>
Beauty In & Out*	<input type="checkbox"/>	<input type="checkbox"/>	Hunter Safety	<input type="checkbox"/>	<input type="checkbox"/>	Watersports	<input type="checkbox"/>	<input type="checkbox"/>
Campcraft*	<input type="checkbox"/>	<input type="checkbox"/>	Journalism*	<input type="checkbox"/>	<input type="checkbox"/>	**WATERFRONT SIGN-UP:		
Cheerleading	<input type="checkbox"/>	<input type="checkbox"/>	Lacrosse*	<input type="checkbox"/>	<input type="checkbox"/>	Sign me up for life-guard &/or		
Chorus*	<input type="checkbox"/>	<input type="checkbox"/>	Landsports	<input type="checkbox"/>	<input type="checkbox"/>	waterfront training at Mystic in late May		
Commissary*	<input type="checkbox"/>	<input type="checkbox"/>	Rifle Shooting*	<input type="checkbox"/>	<input type="checkbox"/>	CIRCLE IF YOU HOLD: WSI. / EWS /		
Dance	<input type="checkbox"/>	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	<input type="checkbox"/>	Lifeguard / Mystic W.F. Training		
Drama	<input type="checkbox"/>	<input type="checkbox"/>	Tennis	<input type="checkbox"/>	<input type="checkbox"/>	**RIDING SIGN-UP		
Drawing*	<input type="checkbox"/>	<input type="checkbox"/>	Tumbling*	<input type="checkbox"/>	<input type="checkbox"/>	Sign me up for the riding clinic at		
Fishing	<input type="checkbox"/>	<input type="checkbox"/>	Volleyball*	<input type="checkbox"/>	<input type="checkbox"/>	Mystic in late May.		
			Wall Climbing*	<input type="checkbox"/>	<input type="checkbox"/>	Please check if you are currently certified:		
						<input type="checkbox"/> First Aid <input type="checkbox"/> CPR		

OTHER POSITIONS AVAILABLE WITHOUT CABIN DUTY AND PAID ON A HIGHER SCALE:

Please check if you can serve as a: ☐ bookkeeper ☐ secretary ☐ food preparation assistant
☐ nurse's helper ☐ store manager ☐ babysitter

Musical instruments you play _____

CHECK THE TERM(S) YOU WISH TO SERVE AS A COUNSELOR (we recommend only 1 or 2 terms)

For Camp Dates please visit campmystic.com/dates

First Term (5 weeks) _____ Second Term (5 weeks) _____ Third Term (2 weeks) _____

What age girls would you prefer in your cabin? JUNIOR (ages 7-10) ____; INT (11-13) ____; SR (14-17) ____

Please give at least 3 names and full addresses with zip codes for references: a teacher, resident of your home community, director of a camp or an employer.

NAME	EMAIL	PHONE #	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I give Camp Mystic my permission to check my references and my background. _____
Signed _____ Date _____

We are dedicated to creating a healthy environment for our campers and employees. To help us accomplish this goal at Camp Mystic, we need employees who are dedicated toward this objective.

Please circle the word which best describes YOUR personal views on the following subjects (indicate how YOU stand and NOT the way you feel toward others).

1. DRINKING ALCOHOLIC BEVERAGES – A. Avoid B. Sinful C. Acceptable for others only D. OK if of age
E. Personally acceptable Comment _____
2. SMOKING -- A. Avoid B. Sinful C. Acceptable for others only D. Personally acceptable
Comment _____
3. ILLEGAL DRUGS -- A. Avoid B. Sinful C. Acceptable for others only D. Personally acceptable
Comment _____
4. HOMOSEXUALITY -- A. Avoid B. Sinful C. Acceptable for others only D. Personally acceptable
Comment _____
5. TATTOOS & BODY PIERCING – A. Avoid B. Acceptable for others only C. Personally acceptable
Comment _____

Have you ever been arrested? _____

Camp Mystic has a no smoking policy on camp grounds. Will you be able to comply? _____

Counselors are not allowed to consume alcoholic beverages on or off the camp grounds while under contract. Will you be able to comply with this policy? _____

What honors have you received while in schools or camps? _____

What opportunities have you had to work with children? _____

What role has Christianity played in your life? _____

If you are hired and sign a contract this spring, do you consider your signature and word binding? _____

What circumstances might prevent you from fulfilling a contract? _____

What expectations do you have for a job as a camp counselor?

What sincere contribution could you make to Mystic? What personal goals would you set for the summer?