

Pok-O-MacCready
P.O. Box 397
Willsboro, NY 12996



(Please Type or Print)

Name: _____ Social Security Number: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Telephone # : _(_____)_____ School/Business # : _(_____)_____ E-mail _____

School/Business Address: _____

City: _____ State: _____ Zip Code: _____

Age _____ Male _____ Female _____

Any Physical Restrictions ? _____ College Year _____ Date of Birth ___/___/___
(m / d / y)

EDUCATION

<u>School/College</u>	<u>Major Subject</u>	<u>Years</u>	<u>Degree Granted</u>
_____	_____	_____	_____
_____	_____	_____	_____

Past Employment : (List Previous Two Summers)

Camp Experience :

References: Give names and addresses of three persons (not relatives) who have knowledge of your character, experience and ability.

Have you ever been convicted of any crime including sex related or child abuse offenses? (If yes, explain.)

Dates Available: _____ To _____

Do you drive? _____ Valid Driver's License? _____ State: _____

What contribution do you think you can make at camp?

Are you available for an interview? _____ Where? _____

Signature: _____ Date: _____