

Washington County Virginia Public Schools  
Gifted Camp Student Counselor Application  
June 18-20, 2018

**Employment Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Reference**

*Please list a personal reference (cannot be a family member).*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Personal Philosophy**

Please describe your experience working with children:

How would you handle individual student needs (behavior, etc.):

Please describe any community service in which you have been involved:

Why do you wish to be a Gifted Camp Counselor:

If selected, which age group do you prefer to assist (Early Elementary, Upper Elementary, Middle School):

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_