CALVIN CREST OUTDOOR SCHOOL CABIN LEADER APPLICATION

Name:	Phone:		
Addres	SS:		
Sex:	Birth Date : School:		
Part I:			
Please	answer the following questions:		
1.	Have you ever participated in an outdoor education program? Yes / No		
	If yes, from which school(s)?		
2.	List any experience working with children:		
3.	Briefly explain why you are interested in this kind of experience:		
4.	Please list any abilities, knowledge, or experiences you could offer for use at outdoor school:		
5.	What are your plans upon graduating from high school?		

Part II

To the High School Teacher: The student whose name appears on this application is planning to attend an outdoor education program as a Cabin Leader. We ask you to sign this only if you feel the student can miss a week of school by giving him/her advance work. *This does not mean the student will be selected. If they are selected, the student should notify you.*

To the Student: Please list the subjects you are now taking and the last reported grade. You must have your teacher's signature opposite each subject.

<u>SUBJECT</u>	<u>GRADE</u>	<u>TEACHER'S SIGNATURE</u>
n		
Part III		
To the High School Couns dependability, responsib	_	ation of this student, regarding character, maturity,
Administrator's Name: _		_ Signature:
Part IV		
Elementary School Recor	mmendations:	
RECOMMENDED	ALTERNATE	NOT RECOMMENDED
Comments:		