

# RETURNING SUMMER STAFF APPLICATION

NAME:

ADDRESS:

(THE ADDRESS YOU WILL BE AT BETWEEN NOW AND MAY 1)

PHONE #:

EMAIL ADDRESS:

WHAT YEAR ARE YOU IN SCHOOL?

WHAT SUMMERS HAVE YOU PREVIOUSLY SERVED ON SHOCCO SUMMER STAFF?

WHY DO YOU WANT TO BE A PART OF THE SUMMER STAFF PROGRAM?

IF YOU WERE ASKED TO SERVE ON THE SUMMER STAFF WHAT DEPARTMENT WOULD YOU LIKE TO BE CONSIDERED FOR? LIST YOUR FIRST TWO CHOICES.

ARE THERE ANY DATES THAT YOU KNOW OF THAT YOU WILL NEED OFF AND WHEN WOULD YOU BE ABLE TO START WORK