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2024 Future Aviators Summer Camp Counselor Application

Name: _____ Age by July 1, 2024: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____ Sex: _____

1. History

- a) Have you ever been a Counselor for the Future Aviators Summer Camp? YES NO
 - a. If yes, what years? 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2021 2022 2023
 - b. Position? Junior Counselor, Assistant Counselor, Counselor, Head Counselor
- b) Have you attended the Future Aviators USA Leadership Training Program? YES NO
- c) Do you have any health issues or medical conditions that would prevent you from being able to be a counselor? If so, please explain— _____

2. Interest

I think I work best with children of the following ages: (Please Circle ONE)

7-9 years of age, 10-12 years of age, 13-15 years of age, No Preference

3. Qualifications

Please list any qualifications or previous camp counselor experience.

4. Availability (Please circle your availability to work one or all camp weeks.)

July 8th-12th, August 5th-9th

5. Training

Future Aviator Team Leadership Training is mandatory for all Counselors. Time and date will be determined prior to each camp week for training and orientation.



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6. T-Shirt Size (circle one): Adult S M L XL XXL

Please return completed forms to:

Jonathan Martin, Future Aviators Summer Camp, 1235 Newark RD Toughkenamon, PA 19374 or email jmartin@newgarden.org or nhunter@newgarden.org

I, _____, authorize New Garden Flying Field/ New Garden Township to perform required Child Abuse Clearance, PA State Criminal History Check and FBI Fingerprint Screenings, as necessary, to be in compliance with PA Keep Kids Safe requirements, and that the following information is provided only for purposes to obtain the proper clearances to be a volunteer/ employee of Future Aviators Summer Camp.

Name: _____ DOB: _____
Last First Middle XX/XX/XXXX

City/ State of Birth: _____ SSN: _____

Sex: M / F Race: _____ Eye Color: _____ Hair Color: _____

Height: _____ Weight: _____ Country of Citizenship: _____

Driver's License #: _____ Phone #: _____ Email: _____

Address: _____

Alias: _____ Alias: _____

Have you resided in a State other than Pennsylvania in the past 10 years: Y / N

I affirm that all information included in this application is true to the best of my knowledge:

Signature Date



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FOR INTERNAL USE ONLY:

Child Abuse Clearance: REQ: _____ DATE PERFORMED: _____ BY: _____

PA State Criminal History: REQ: _____ DATE PERFORMED: _____ BY: _____

FBI Fingerprint Screening: REQ: _____ DATE PERFORMED: _____ BY: _____