## WoTeKi, Inc. Camp WoTeKi - Staff Application (please print legibly)

Name	Cell Phone						
Address							
City/State/ZIP							
E-mail:							
	_ Camp name: _ How many years at WoTeKi?						
Were/Are you, or eith	er parent, in the military?	) Yes	No				
•	ear (circle all choices for which you for Counselor Grade Le			): K-2 :	3-4 5-6	7-10	
Medical Staff	Kitchen Staff	Program Staff		Outdoor Staff			
Why are you choosing	the position you chose?						
What have you been do	oing since you worked at \	WoTeKi? (Wo	ork, school, vo	olunteer)			
What is the most impo	ortant quality for camp sto	aff to have?	1				
What thing(s), if any, s	should we consider changi	ng to make o	our progran	n stronge	.r?		
Staff members get a f	ree t-shirt (circle your size).	AS A	M AL	AXL AZ	?XL A3XL		
Date:	Signature:(if applicant is under 18 years of age):						
Parent signature (if ap	plicant is under 18 years	of age):   _					

Please email this application to  $\underline{\mathsf{campwoteki@gmail.com}}$