



Faith Hill Farm Summer Camp Counselor Application Form

Name: _____ Age: _____

Phone Number: _____

Email: _____

Emergency Contact: _____

Do you have reliable transportation to the farm for 8:45 every weekday? Y or N

Have you worked with horses before? Y or N If so, describe.

Have you worked with children before? Y or N If so, describe.

What days a week could you work? Check all that apply.

Monday Tuesday Wednesday Thursday Friday

Please send completed application to Faith Hill Farm Summer Camp at faithhillfarmcamp@gmail.com
and we will get right back to you!