



# Faith Hill Farm Camp Counselor Application

Name: \_\_\_\_\_

Age (if 18 or under): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Do you have reliable transportation to Faith Hill Farm for 8:30 am every weekday? Y or N

Do you have experience with horses and/or other farm animals? Y or N

If Yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you worked with children before? Y or N

If Yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which summer months can you work? Check all that apply.

June

July

August

Which days of the week can you work? Check all that apply.

Monday

Tuesday

Wednesday

Thursday

Friday

Please email completed application to [faithhillfarmcamp@gmail.com](mailto:faithhillfarmcamp@gmail.com) and we will get back to you!