

# Trail and Sail Day Camp Program Aide Application

Applications must be returned to Knit-Knots and Tator Tot

email: padirectors.trail.sail@gmail.com or US Mail: 2430 106th DR SE Lake Stevens, WA 98258

**Name:** \_\_\_\_\_ Your Camp Name \_\_\_\_\_

**This year I will be a:**      1st year PA                      2nd year PA                      3+ years returning PA

**Address** \_\_\_\_\_

**What is the best contact for you? Check one but complete all applicable**

phone \_\_\_\_\_  cell \_\_\_\_\_      texting:    yes    no

email \_\_\_\_\_

Parent Name \_\_\_\_\_ contact info: \_\_\_\_\_

**Program Aide Training**

Date \_\_\_\_\_ Place \_\_\_\_\_ Trainer \_\_\_\_\_

Additional Workshops \_\_\_\_\_

Did you complete your LIA? (Leader In Action Award)

Date \_\_\_\_\_ Place \_\_\_\_\_ Adult Reference \_\_\_\_\_

**List any Camping Experience (GS, church group, family, etc.)**

With Whom	Your role	Where	# of days X # years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**List any Leadership Experiences (GS, school, church, other groups, etc.)**

Organization	Your Role	Where	# h= hours, d=days, m=months
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Other awards, extra curricular activities, certificates (1st Aid, Lifeguard) etc.**

(This can include Girl Scout Awards, church or school awards or activities, Red Cross classes or sports)

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

**Complete the following chart to share your level of comfort with regular camp activities.**

Circle the number that best matches your experience. 1= I don't know anything about it, 2= I've seen it done, 3= I can do it with confidence. 4= I can teach it with practice or notes, 5= I can teach it comfortably.

Fire Building	1	2	3	4	5
Song Leading/Teaching	1	2	3	4	5
Knots	1	2	3	4	5
Flag Ceremonies	1	2	3	4	5
Hiking/Leave No Trace	1	2	3	4	5
Arts and Crafts	1	2	3	4	5
Game Leading/Teaching	1	2	3	4	5
Outdoor Cooking	1	2	3	4	5
Dutch Oven	1	2	3	4	5
Box Ovens	1	2	3	4	5
Knife Safety	1	2	3	4	5
First Aid	1	2	3	4	5

*Circle two items above rated 3 or 4, and 1 item rated 2; that are skills you would like to improve this year.*

**Briefly answer the following questions.**

1. Why are you interested in being a program aide?
  
  
  
  
  
  
  
  
  
  
2. Looking back is there anything you wish you had done differently last year at camp?
  
  
  
  
  
  
  
  
  
  
3. Describe any experiences you have working with children.
  
  
  
  
  
  
  
  
  
  
4. On a scale of 1-10 how badly do you want to be a PA? (1= not at all, 10= absolutely wouldn't miss it) **Why?**
  
  
  
  
  
  
  
  
  
  
5. Please describe any special skills or interests that you have (examples: hobbies, sports, etc.).

6. What are you most excited about for this summer serving as a PA? What are you most nervous or least excited about?

7. Anything else we should know about you?

8. Do you have any activities that might conflict with you being at camp all five days during the entire camp day?  
If yes, please explain:

**Who can tell us more about you?**

Troop # _____	Leader _____	Phone _____
Unrelated Adult Reference #1 _____		Phone _____
Unrelated Adult Reference #2 _____		Phone _____
Unrelated Adult Reference #3 _____		Phone _____

Please give the provided Reference Form to the person you listed above.  
Completed forms may emailed to [padirectors.trail.sail@gmail.com](mailto:padirectors.trail.sail@gmail.com) OR hand-deliver to the PA directors.