

Counselor Application Request Form

Please print and fill out this form to request an application as a Burn Camp Counselor at Miracle Burn Camp.

****No persons convicted of a felony or misdemeanor involving violence or children will be considered for this position****

I understand that this is a volunteer (non-paid) staff position requiring me to attend the entire seven days and six nights of camp. (Because our children need consistency.)

Please make every attempt to mail this form to us by March 1st.

All Counselor applicants must be at least 18 years old.

Name _____ Birthdate ____/____/____
Last First MI

Social Security Number ____--____--____

Present Address _____

City _____ State _____ Zip code _____

Phone(____) _____ Gender: Male _____ Female _____

I am presently: Employed _____ Attend college _____ Retired _____

Name of employer or school _____

I am a: Nurse _____ Firefighter _____ EMT _____ Other _____

Have you been a Miracle Burn Camp Counselor or camper before? Yes _____ No _____

If so, what was the last year you attended _____

By signing this form I do here by consent to a back ground check to be preformed by the City of Sioux City Police Department.

Signed _____ Date _____

Mail this form to: **Counselor Application Request
St. Florian Fire & Burn Foundation
PO Box 3451
Sioux City, IA 51102**