



*...in partnership with
The Ministry of Carriacou & Petite Martinique*

Volunteer Counselor Application Form:

Name: _____

Contact Number _____ e-mail _____

Birth Date: _M___/_D___/Y___ Current Occupation: _____

Artistic/Dramatic/Musical/Culinary/Fitness/Prior Teaching or Camp Experience: _____

Summer Availability/Flexibility? _____

How did you hear about **Camp Kayak - creative arts project**? _____

What would make you an asset to the Carriacou Community, and a suitable Artist/Mentor/Counselor at Camp Kayak? _____

What Unique Creative skills do you offer our camp program? _____

Are you comfortable working on your own curriculum / or as a team / both? _____

Have you worked in a foreign country before? _____

Please describe your creative process and where your inspiration comes from? _____

