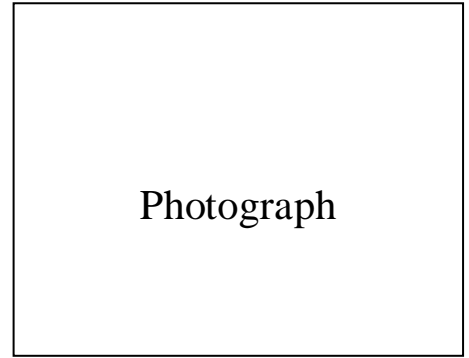




DISTRICT 7720

Rotary Youth Leadership Awards 2017

April 21-23, 2017



Counselor Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Cell: _____

Preferred Name on Nametag: _____ Shirt Size: _____

Date of Birth: _____ Social Security # _____

Rotary Club Affiliation: _____ Years in Rotary: _____

E Mail Address: _____ @ _____

Briefly state why you would like to serve as RYLA Counselor: _____

Do you have any previous experience with camping and/or counselor experience? _____

If yes, please describe: _____

Counselors need to be at the 4-H Center at 10 AM Friday for a required orientation/planning meeting and not released until noon Sunday after the final ceremonies.

Rotary require that each counselor undergo a background record check which will be done at no expense to you. Your signature below indicates that you have agreed with the obligations to be a counselor and undergo a background check.

Signature: _____ Date: _____

Contact Joseph Hofmann (252) 474-4153 if you have any questions or concerns.

Please mail the signed form back to:

Joseph Hofmann
601 Tyndall Lane
New Bern, NC 28562