

**VerShare Community Camp 2017  
APPLICATION for RETURNING COUNSELORS  
AGE 16y+ by July 1, 2017**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Current grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

***Parent/Guardian Information (IF UNDER 18y)***

Name(s): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Check if address is same as above  
If not: (street, town, state, zip)  
\_\_\_\_\_  
\_\_\_\_\_

APPLICATIONS DUE POSTMARKED BY FRIDAY, MAY 15<sup>th</sup>, 2017

Mail To: Camp Coordinator  
Andrea Herrington  
3292 Vershire Center Rd  
Vershire, VT 05079

Email To: [vershare.camp@gmail.com](mailto:vershare.camp@gmail.com)

***What ages would you most like to work with?***  
\_\_\_\_\_ (5y – 7y)    \_\_\_\_\_ (8y – 12y)    \_\_\_\_\_ ***Both OK***

**☺ THANK YOU FOR YOUR TIME! ☺**

FOR MORE INFO:

Contact Andi via email: [vershare.camp@gmail.com](mailto:vershare.camp@gmail.com) or by phone: h) 802-333-3690 c) 802-793-4376  
*I am happy to talk with parents/guardians about Camp, the Counselor role/experience, etc. ☺*