

Sam Houston State University Recreational Sports 294-CAMP Fax: 294-4340 HKC 104

294-CAMP Fax: 294-4340 HKC 104 bearkatcamp@shsu.edu www.shsu.edu/bearkatcamp

For Office Use Only		
Received:		
By:		
Interview:		
Action:		
Session:		

2015 BEARKAT CAMP COUNSELOR APPLICATION

	SAIVI ID	SAM ID	
Date	Birthdate	age	
Name	Gender: ☐ Female	☐ Male	
Email address	Major	Minor	
Permanent Address	I am enrolled as a co	ollege:	
Street	☐ Freshmar	n □ Sophomore	
City State_	Zip □ Junior □	Senior ☐ Graduate Student	
PhoneCell	(Expected) Graduation	on Date	
Current Address		Please check your choice of session(s):	
Street	Session 1		
City State	Session 2	Session 2	
	Session 3		
Phone	Transfer		
Please describe your involvement a	at SHSU. (Including current organization	s you belong to and activities you	
participate in on and off campus.)	at SHSU. (Including current organization		

What makes you proud to be a Bearkat?			
	·		
What, if any, experience do you have as a camp counse Include year/session and your counselors if you attended	elor and/or camper? .ed Bearkat Camp or Transfer Camp.		
Anything else you want us to know?			
Certifications Organization Expiration Date	Use Safety InstructionOthers:SHSIJ Faculty/Staff References (optional)		
First Aid –	SHSU Faculty/Staff References (optional)		
□ CPR	Name:		
	Phone:		

By submitting this application and furnishing your campus ID you are giving the SHSU Recreational Sports office permission to verify your enrollment status, GPA and to view your disciplinary/student conduct record.

Please submit via email to bearkatcamp@shsu.edu or in person to Recreational Sports HKC 104.