



School's Out Summer Program

Crew Member's name: _____ Date of Birth: _____

Address: _____

E-mail address: _____

Phone number: _____

1. Why do you want to join the Middle School Crew this summer?

2. What experience do you have working with children?

3. What special talents/skills/hobbies/interests do you have that will make you an asset to our program?

4. What is your favorite memory from summer camp and how will it help you be a great Crew member?

5. How many weeks will you attend the Middle School Crew program this summer? _____

6. What do you hope to learn from being a member of the Middle School Crew?

7. What club/activity would you like to organize and run for kids at camp this summer?

8. What is one unique thing you want us to know about you?

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