

## NeKaMo Camp Activity Interest Sheet

The following types of activities are offered at camp. Our camp staff assists or leads one or more activities each day. Activity Specialists are involved in at least two activity periods plus Free Time activities.

1. Put a **1** in the blank for all activities you feel qualified to lead and a **2** beside all those activities in which you could assist.

**Arts & Crafts**

- basketry
- calligraphy
- ceramics
- creative stitchery
- handcrafts
- leathercraft
- macrame
- metalworking
- painting
- sketching
- weaving
- whittling/wood
- carving
- woodworking
- \_\_\_\_\_
- \_\_\_\_\_

**Campcraft**

- backpacking
- campcraft
- hiking
- orienteering
- outdoor cooking
- outpostting
- \_\_\_\_\_
- \_\_\_\_\_

**Sports**

- air riflery
- .22 riflery
- archery
- fishing
- horsemanship
- informal games
- team sports (list)
- \_\_\_\_\_
- \_\_\_\_\_

**Waterfront**

- canoeing
- lifesaving
- sailing
- swimming
- synchronized
- swimming
- water skiing
- \_\_\_\_\_
- \_\_\_\_\_

**Nature**

- astronomy
- birds
- nature awareness
- nature crafts
- weather
- \_\_\_\_\_
- \_\_\_\_\_

**Communications**

- creative writing
- drama
- guitar
- mime
- music
- newspaper
- photography
- puppetry
- sign language
- \_\_\_\_\_
- \_\_\_\_\_

**Other**

- first aid
- fun with food
- \_\_\_\_\_
- \_\_\_\_\_

2. I would be willing to teach an activity not listed above: \_\_\_\_\_.

My qualifications are:

3. I would prefer to work in \_\_\_\_\_ or \_\_\_\_\_ (activity areas).

My qualifications are:

4. My age group preference is: \_\_\_\_\_. I have no preference. 9

5. Do you drive?  Valid driver's license number \_\_\_\_\_ State \_\_\_\_

	Certification Number	Expire Date	Instructor's Name	Experience
<input type="checkbox"/> Camp Horsemanship Assoc. Instructor <input type="checkbox"/> Red Cross WSI <input type="checkbox"/> Red Cross Advanced Lifesaving <input type="checkbox"/> Red Cross Lifeguard Training <input type="checkbox"/> Red Cross First Aid <input type="checkbox"/> NRA Instructor <input type="checkbox"/> RN, LPN, EMT, CPR (circle) <input type="checkbox"/> Other _____				

Name: \_\_\_\_\_ Week(s) coming: \_\_\_\_\_

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_