

G.I.R.L.S. Power Camp
Facilitator Questionnaire



Applicant's Name: _____

Mailing Address: _____

Telephone Number: _____ Cell Number: _____

E-mail Address: _____

Date of Birth: _____ Health Card #: _____

Allergies and/or Medical Concerns: _____

School(If applicable): _____ Work(If applicable): _____

Emergency Contact Name & Number: _____

Have you ever been to camp before? As a camper As a facilitator

1. How did you hear about the G.I.R.L.S. Power Camp Program?
2. What experience do you have working with children and/or youth?
3. What are your hobbies, interests and skills?
4. Why do you want to be a G.I.R.L.S. Power Camp Facilitator?
6. What issues do you think are important for girls and young women?

5. What experience do you have with leading groups and giving presentations?
On a scale of **1 (not comfortable)** to **5 (totally comfortable)**, how would you describe your comfort level in giving presentations and public speaking.
7. What messages are important for girls to receive at Power Camp?
8. How would you include a girl in your flower group who is shy and awkward?
9. How would you engage the girls in your flower group to join in discussion if they are not talking or participating?
10. How can you be a positive role model for girls at Power Camp?
11. Are you available for all of the training and program days?
12. Any additional information you would like to share?

I give my permission for photographs or videotapes of me to be used by G.I.R.L.S. Power Camp for promotional purposes. **YES** **NO**

Applicant's Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(for applicant's under 18 only)