



# DESOTO CAREER CAMP 2017

Participant Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		

EDUCATION	
Middle School	Address
High School	Address

REFERENCES	
<i>Please list two references.</i>	
Full Name	Relationship
Company	Phone (     )
Full Name	Relationship
Company	Phone (     )

PREVIOUS VOLUNTEER EXPERIENCE	
Company	Phone (     )
Responsibilities	
Company	
Responsibilities	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

- Applicant s "must" be a resident of the City of DeSoto.
- Please make sure your application is complete
- Please Submit application to Desoto Parks& Recreation Department.

Thank you for your interest in "Desoto Career Camp 2017"