

**Trollbacken, Swedish Language and Culture Camp 2024**  
**August 19-24**  
**Counselor Application Form** (*please return before June 1st, 2024*)

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade completed June 2023 \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email; \_\_\_\_\_

T-Shirt size: XS S M L XL

Have you had experience in working with children ages 7 – 13? Yes \_\_\_\_\_ No \_\_\_\_\_

List experience you have had being responsible for groups of children in a “camp” setting or a leadership position. Include when and where.

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Do you consider yourself an outgoing person? \_\_\_\_\_

Are you aware of any medical/emotional problems, which could interfere with your responsibilities in this position as a counselor? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes please explains on a separate sheet of paper.

Can you speak and read Swedish? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please rate yourself,

**1-10** \_\_\_\_\_

Were you born in Sweden? Yes \_\_\_\_\_ No \_\_\_\_\_ Have you visited Sweden? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your Swedish connection?

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Do you have a First Aid Card? **Yes** \_\_\_ **No** \_\_\_ Can you swim? **Yes** \_\_\_ **No** \_\_\_

What are your favorite sports? Do you play any instrument?

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Please describe yourself, your talents and skills and why you are interested in being a counselor at Trollbacken \_\_\_\_\_

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Why do you feel you would be a good counselor at Trollbacken?

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Have you ever have been convicted of a crime? **Yes** \_\_\_ **No** \_\_\_  
If yes, please explain.

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Please list two references (i.e. camp director, employer, teacher or other)  
Include name, telephone number and occupation.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

**Please return this application before June 1, 2024**

***Email to: trollbackencamp@gmail.com or mail to: Ida Nyberg  
1805 SW Troon Ave  
Bend, OR 97702***