



**G.I.R.L.S. Power Camp
Facilitator Application and 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: _____

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?

5. What issues do you think are important for girls and young women?

6. 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? (Explain the different roles for Flower Group Leader, Secondary Large Group Facilitator, Lead Large Group Facilitator)

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 for G.I.R.L.S. Power Camp promotional purposes. YES NO

Applicant's Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(For applicants under 18 only)