SCHOOL BEHAVIOR AND ACADEMICS
This is required for every camper application. Must be signed by a teacher or counselor.

Camper exhibits good behavior and cooperates well with students and faculty. Camper is able to function independently in a camp setting. If the cammer appears to have any serious behavioral issues or special circumstances that might prevent him/her from living and interacting cooperatively with others, please contact Camp War Eagle.

Comments:
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
Camper maintains a minimum “C” average and exhibits good effort.

Comments:
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

Printed Name: ________________________________________________________________ Signature: ________________________________________________
Email: __________________________________________________________________________ Phone: ________________________________

First Year Camper
☐ School Behavior

Second or Third Year Camper
☐ School Behavior
☐ Volunteer Time
☐ Community Involvement

Fourth or More Year Camper
☐ School Behavior
☐ Volunteer Time
☐ Community Involvement

COMMUNITY INVOLVEMENT
Regular participation in OZONE, sports, clubs, scouts, etc.

Must be signed by an adult supervisor.

Organization: ________________________________________________________________

How often do you meet: ____________________________

Does the child regularly attend: __________________

Printed Name and Title: ________________________________

Signature: ________________________________________________ Phone: ________________________________
Email: ________________________________________________

VOLUNTEER TIME
10 hours minimum required for all ages. Must be signed by an adult supervisor.

Project: ________________________________________________________________

Date of Project: ___________ Hours Completed: ___________

Printed Name and Title: ________________________________

Signature: ________________________________________________ Phone: ________________________________
Email: ________________________________________________

For additional volunteer opportunities, visit cweozone.com/serve or campwareagle.org/content/volunteer-time

10 hours of extra Volunteer Time time may count for Community Involvement if involvement is not possible.