

**The Sense of Wonder Summer Day**  
Pamela Stevens Benjamin  
PO Box 1558  
Vineyard Haven, MA 02568

**Summer 2019**

**Application for Adult Counselors**

Name .....

Sex M  F  Social Security # .....

Date ..... Age ..... Birthday .....

Permanent Address .....

City ..... State ..... Zip .....

Summer Address .....

City ..... State ..... Zip .....

Email Address .....

Phone Number ..... Cell Number .....

Island Phone h: ..... w: .....

***Monday-Friday 8:30 AM to 1:30 PM***

***By the week, please check:***

- |   |                                     |                                     |                                     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> July 1- July 5 | <input type="checkbox"/> July 08-12 | <input type="checkbox"/> July 15-19 | <input type="checkbox"/> July 22-26 |
| <input type="checkbox"/> July 29- Aug 2 | <input type="checkbox"/> Aug 5-9    | <input type="checkbox"/> Aug 12-16  |                                     |