

Junior Counselor Application

*Must be 14 by the start of the week working
(Please type of print legibly)

Name: _____ Home Phone (____) _____
Last, First, MI

Email Address _____ Shirt Size _____ Previous Camper: Yes or No

Address _____
Street City State Zip

Date of Birth _____ Social Security Number _____

Gender: MALE or FEMALE School Attending Next Fall _____

Principal's Name _____ School Phone (____) _____

Emergency Contact _____ Relation _____

Work Phone (____) _____ Home (____) _____ Cell (____) _____

Preference for Sessions
(Please check all sessions planning attending)

<input type="checkbox"/> <u>Session 1</u>	<input type="checkbox"/> <u>Session 2</u>
<input type="checkbox"/> <u>Session 3</u>	<input type="checkbox"/> <u>*Session 4</u>
<input type="checkbox"/> <u>Session 5</u>	<input type="checkbox"/> <u>Session 6</u>
<input type="checkbox"/> <u>Session 7</u>	<input type="checkbox"/> <u>Session 8</u>

**No camp July 4th*

Please fill out each section completely. Give dates and responsibilities in each situation.

Experience working with children (i.e., siblings, baby-sitting, school, etc.)

Sports Experience (please include dates and sports)

Certifications (Please list all current certifications and expiration dates)

List any leadership positions you have held or awards you have earned.

What special skill(s) can you share with others? (art, music, dance, etc.)

Why do you want to participate as a Junior Counselor at FSU?

Why do you think you are ready for this type of experience?

What do you think a camper should gain from his or her camp experience at camp?

SIGNATURES

I certify that all statements in this application are true. I also agree that if I am accepted as a Junior Counselor, I will abide by all the rules and regulations of FSU, the Falcon Center Summer Day Camp and its staff.

Participant Signature Date

Parental Signature (Required if Junior Counselor is under 18 years of age) Date

Junior Counselor Checklist

- ___ Application
 - ___ Two References
 - ___ Parental Consent Form
 - ___ Activity Interest Form
 - ___ Proof of Age
- (304) 367-4406 Fax

Please complete and return to:

Kevin Philyaw
FSU Summer Day Camp
1201 Locust Ave
Fairmont, WV 26554
(304) 368-7223 Phone