

SUMMER 2023 JUNIOR COUNSELOR APPLICATION

Name _____ Age _____

Current Grade _____ Parent/Guardian Name(s) _____

To be eligible for the Junior Counselor program, you must have completed 8th grade. Your volunteer hours may be eligible for the Silver Cord Program.

Email Address: _____ _____ _____

Phone: _____ (is this your cell phone?) yes no

Please mark the week(s) you are interested in working as a Junior Counselor.	
<input type="checkbox"/>	Session #1. Coppersville (June 12 - June 16)
<input type="checkbox"/>	Session #1. Coppersville (June 19 - June 23)
<input type="checkbox"/>	Session #2. Boarwald Academy (June 26 - June 30)
<input type="checkbox"/>	Session #3. Out of the Shadows (July 10 - July 14)
<input type="checkbox"/>	Session #3. Out of the Shadows (July 17 - July 21)
<input type="checkbox"/>	Session #4. The Golden Truffle (July 24 - July 28)
<input type="checkbox"/>	Session #4. The Golden Truffle (July 31 - August 4)
<input type="checkbox"/>	Session #5. Guardians and Goblins (August 7 - August 11)
<input type="checkbox"/>	Session #5. Guardians and Goblins (August 14 - August 18)
<input type="checkbox"/>	
<input type="checkbox"/>	

You will need to bring a lunch and a separate snack each day. Please note that we are not a nut-free camp.

Why are you interested in being a Junior Counselor at Country Camp?

Why do you think that you would be a good Junior Counselor? What ideas or skills do you have that would make you a good candidate?

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What experience (work or other) do you have that you feel prepares you to be a Junior Counselor?

Emergency Contact Name and Phone Number:

Please return this application form and one letter of recommendation (written by someone other than a relative) by May 1, 2023.

**Country Camp, LLC
3418 Osage Street SW
Iowa City, IA 52240**

Please have your parent/guardian read and sign.

There are no fees for the Junior Counselor program. Junior Counselors are volunteer positions.

I understand that Country Camp, LLC assumes no responsibility or liability for injuries/illnesses of my child. I further understand that I hold Country Camp, LLC, its officers, agents, employees, and volunteers harmless from any and all liability or claims which may arise out of my child's participation in Country Camp, LLC programs. I grant permission to Country Camp, LLC to provide care for my child. I grant permission for my child to use all of the play equipment and participate in all of the activities of Country Camp, LLC. This contract is effective for the duration of my child's enrollment in Country Camp, LLC.

As the parent or legal guardian, I hereby give consent to Country Camp, LLC that my child may be given emergency treatment to include 1st Aid/CPR by a qualified staff member of Country Camp, LLC. I also give permission for my child to be transported by an aid car, ambulance, or staff car to the nearest medical treatment center or hospital if necessary. I understand that every effort will be made to contact parents or guardians to explain the nature of the problem prior to any involved treatment. It is understood that a conscientious effort will be made to notify me or other persons listed on this form before such action is taken. In the event that it becomes necessary for Country Camp, LLC staff to obtain emergency care for my child, neither the staff nor Country Camp, LLC assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances.

Parent/Guardian Signature _____ Date _____