



City of Friendswood Summer Day Camp
Junior Counselor Application



Jr. Counselor Information

Name: _____ Available Date: _____

Address: _____
Number & Street City State Zip

Parent Phone: _____ Parent Email: _____

Jr. Counselor Phone: _____ Jr. Counselor Email: _____

DOB (must be 14 by September 1): _____ **(COPY OF BIRTH CERTIFICATE REQUIRED)**

T-Shirt Size: XS S M L XL

How did you hear about this position? _____

List any experience, special training or certifications that you possess which further qualifies you for this position:

Please list any extracurricular activities in which you participate: _____

Why do you want to be a Junior Counselor? _____

What do you hope to learn or gain from this program? _____

Volunteer History

Company/Organization Name: _____

Volunteer Dates: _____ Supervisors Name: _____

Description of Volunteer Work Performed: _____

Company/Organization Name: _____

Volunteer Dates: _____ Supervisors Name: _____

Description of Volunteer Work Performed: _____

Parent/Guardian Information

Primary Parent/Guardian Name: _____
Primary Phone: _____ Alternate Phone: _____ Authorized to Pick Up? Y N
Secondary Parent/Guardian Name: _____
Primary Phone: _____ Alternate Phone: _____ Authorized to Pick Up? Y N
Additional Person(s) authorized to pick up Jr. Counselor and/or be contacted in case of emergency:
Name _____ Phone _____ DL _____ Relation: _____
Name _____ Phone _____ DL _____ Relation: _____
Name _____ Phone _____ DL _____ Relation: _____

Medical/Health Related Information

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Hospital Preference: _____ Address/Phone: _____
Doctor: _____ Address/Phone: _____
Dentist: _____ Address/Phone: _____

Please list allergies, existing illness, hospitalization during the past 12 months, prescribed medications, or other areas of concern or special needs:

Parent/Guardian Printed Name Parent/Guardian Signature Date

Transportation

I hereby grant permission for my child to be transported to and from camp by the following modes of transportation:

- Walking
- Ride Bike
- Camp Director (18+ years)
- Camp Counselor (16+ years)
- Take younger sibling(s) with he or she via transportations.

Parent/Guardian Printed Name Parent/Guardian Signature Date

The City of Friendswood Parks & Recreation Department reserves the right to make any exceptions to the rules that govern the Summer Day Camp.