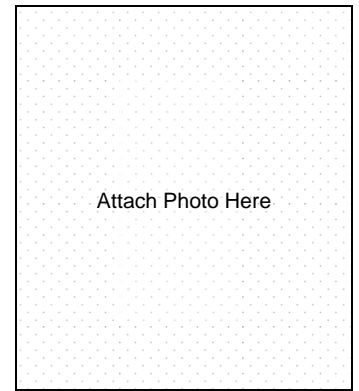




CAMP GONNAWANNAGOAGIN JUNIOR COUNSELOR APPLICATION SUMMER 2008

Please return this application to FACT:

P.O. Box 1195
Virginia Beach, VA 23451
Phone: (757)422-2040
Fax: (757)306-7055
Email: pam4fact@peoplepc.com



SUMMER CAMP WILL BE:

(Please circle the dates you wish to work)

July 7-11	Monday-Friday	8:45 am - 3:00 pm
July 14-18	Monday-Friday	8:45 am - 3:00 pm
July 21-25	Monday-Friday	8:45 am - 3:00 pm
July 28- August 1	Monday-Friday	8:45 am - 3:00 pm
August 4-8	Monday-Friday	8:45 am - 3:00 pm
August 11-15	Monday-Friday	8:45 am - 3:00 pm

CHILD'S T-SHIRT SIZE: S M L **ADULT T-SHIRT SIZE:** S M L XL

*If you do not select a size, one will be selected for you.

APPLICANT'S INFORMATION

Name (Last) _____ (First) _____

Age _____ Sex _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Current School _____

Home Phone _____

Student Cell _____ Student Email _____

PARENT / GUARDIAN INFORMATION

Primary Contact _____ Relationship _____

Cell Phone _____ Business Phone _____

Secondary Contact _____ Relationship _____

Cell Phone _____ Business Phone _____

MEDICAL INFORMATION:

Insurance: _____

Doctor: _____

Doctor's Phone: _____

Medications: _____

Have you volunteered at camp before?

Yes No How many years? _____

What were some of your favorite activities? Least favorite activities?

Please list campers you would liked to be paired with again.

If you are 15 or older and have volunteered before, are you interested in being a counselor in training (CIT)?

Yes No

Why do you want to be a junior counselor?

What characteristics do you possess that would make you a good peer role model for disabled children?

Do you have any experience working with autistic or disabled children?

What are some of your hobbies or interests?

Camp Gonnawannagoagin Junior Counselor's Responsibilities

1. To stay with, play with, and help my camper buddy during all camp activities.
2. To treat my camper buddy with kindness, respect, and concern for his/her safety.
3. To be respectful of my Senior Counselor and follow their instructions.
4. To understand that autism sometimes causes children to behave differently than I am used to, but not to take it personally.
5. To talk to a Senior Counselor if I am uncomfortable.
6. To make sure my Senior Counselor knows where I am at all times.
7. To check my camp schedule and come to camp prepared for the day's activities (bring lunch, bathing suit, etc. as needed).
8. To come to camp on time every day, or call the camp coordinator if I must be late or absent.
9. To attend training sessions as requested by the director.
10. To have fun and make a new friend.

I understand my responsibilities as a Junior Counselor.

Junior Counselor Signature

Date

Parent/Guardian Signature

Date

PLEASE RETURN THIS APPLICATION TO:

Camp Gonnawannagoagin
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Virginia Beach, VA 23451
Fax: (757)306-7055

Questions or Concerns:

Sharon Slipow (FACT President)
Home 757-422-9287

Pam Clendenen (FACT Director)
Office: (757)422-2040
Cell: (757)672-3913