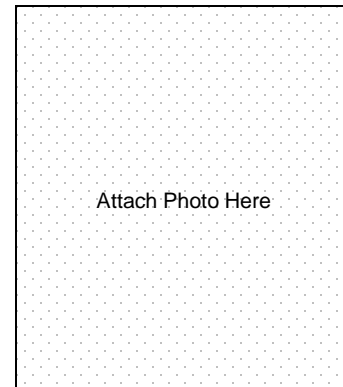




CAMP GONNAWANNAGOAGIN JUNIOR COUNSELOR APPLICATION SPRING BREAK 2008

Please return this application to FACT:

520 Viking Dr
Virginia Beach, VA 23452
Phone: 757-422-2040
Email: pam4fact@peoplepc.com



SPRING BREAK CAMP WILL BE:

April 5-9 Monday-Friday 9:00 am - 3:00 pm

PLEASE CHOOSE THE SCHEDULE THAT WILL WORK FOR YOU:

- Monday & Tuesday (April 5 & 6) 8:45-3:00
- Wednesday, Thursday, & Friday (April 7, 8, & 9) 8:45-3:00
- Monday – Friday (April 5-9) 8:45-3:00

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 if applicable _____ student e-mail if applicable _____

PARENT / GUARDIAN INFORMATION

Primary Contact _____ Relationship _____

Email Address _____ 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 like 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?

I give my consent and approval for my child's participation in Camp Gonnawannagoagin 2008. I give authorization for my child to participate in the pool programs as designated by the camp. I certify that my child is physically fit to take part in all activities. I understand that accident insurance is not provided. I will not hold Camp Gonnawannagoagin responsible in case of accident or injury as a result of participation. Camp Gonnawannagoagin agrees to notify the Parent/Guardian whenever the child becomes ill and the Parent/Guardian will arrange to have the child picked up as soon as possible.

Camp Gonnawannagoagin and its representatives have my permission, in an emergency when I cannot be located immediately, to provide emergency medical attention, and if necessary to transport my child to the nearest hospital, at my expense, and that hospital and its medical staff have my authorization to provide treatment which is deemed necessary for the well-being of my child.

Parent/Guardian Signature

Date

PLEASE RETURN THIS APPLICATION TO:

Camp Gonnawannagoagin
520 Viking DR
Virginia Beach, VA 23452

Questions or Concerns:

Sharon Slipow (FACT President)
Home 757-422-9287
Cell 717-9287

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

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