

FOOTPRINTS ACADEMY'S JUNIOR CAMP COUNSELOR PROGRAM



SUMMER CAMP 2009

APPLICATION

The applicant warrants that the following information is true. Accurate but brief answers are essential. Statements and references may be carefully checked. The application should be completed in ink.

Today's Date _____

Last Name	First Name	MI	Telephone () -
Address	City	State	Zip Code
E-mail Address:			
Age (as of June 2009):		Birth Date:	
What grade will you be entering in September 2009? _____			
What school will you be attending?			
Please list any extra-curricular activities that you are involved in:			
Please list any hobbies or special interests you have:			
What is your most memorable moment from previous camps?			
Describe any experiences that you have had while attending or working with students in a camp atmosphere:			
What opportunities have you had to display your leadership skills?			

What do you hope to gain from your experience as a Junior Camp Counselor?
Would you be able to attend a one week (three consecutive days) leadership workshop beginning on June 15 th ? ☆ Yes ☆ No Why?
Is there any additional information that you feel will be helpful to us in considering your application?
References: Please have three people who have knowledge of your character, experience and ability complete the attached reference form. Please limit the number of family references to two. If possible, include references from people within the teaching profession.

Authorization for Emergency Medical Care

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of this Footprints Academy program to order x-rays, routine tests, treatment, release any necessary records, and to provide or arrange necessary related transportation for my child as named on this form. I hereby give permission to the physician selected by the person in charge of the Junior Camp Counselor Program to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

I understand and agree to follow the health and safety guidelines of this program.

 Applicant's Signature Date Parent/Guardian Signature Date

We will contact you in the beginning of May to schedule an interview or make you aware of your acceptance as a Junior Camp Counselor Program. We wish you the best of luck☺

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for non-acceptance to the Junior Camp Counselor Program.

 Applicant's Signature Date

Please send completed applications to:
 Footprints Academy
 Junior Camp Counselor Program
 9025 Tamarack Road
 Woodbury, MN 55125