

CAMP LOURDES COUNSELOR APPLICATION 2011
Weekdays August 8th - 19th
Applications Due - July 7th

Name: _____ Phone: _____

Address: _____ Grade Entering 9/11: _____

_____ School 9/11: _____

Age: _____ TShirt Size: S M L XL Email Address: _____

Please answer the following questions about being a Camp Counselor.

What experience have you had with children?

Why do you want to be a Camp Counselor?

What age would you prefer to be a counselor for?

3 4 5 6 7 8 9

Are you interested in being part of a theater troupe which performs skits for the campers? YES NO

MAYBE - explain _____

Do you have any training such as First Aid or CPR?

What do you think would be the most challenging for you being a Camp Counselor?

What would make you a good counselor?

What do you think it takes to be a good counselor?

What specific talents or abilities would you bring to the children of the Camp?

Are you available for both weeks of the camp? Please let us know if there are any days you cannot attend camp.

Do you have any comments or questions?

CAMP COUNSELOR INFORMATION

Thank you for your interest in becoming a volunteer Camp Counselor! The theme of this year's Camp is "Follow the Signs of Peace!" We will be teaching the children about peace through song, crafts and play. Working as part of the staff you are sure to have lots of fun as we share our faith with the children of Our Lady of Lourdes.

Although this is a volunteer position there are certain perks:
Free T-Shirt, Bowling Day, Pizza Day, Splish Splash Trip and more importantly making new friends and serving your parish in a truly wonderful and powerful way!

AND

Although this is a volunteer position there are certain requirements.

All counselors

- must be at least entering 8th grade in the Fall of 2011
- must be on time everyday and committed to Camp Lourdes (letting us know in advance if there is a day or days you cannot make it).
- must follow all of the camp rules, especially those pertaining to safety and respect.
- must remember they act as role models and faith examples to younger children
- must be able to work as a team and be enthusiastic!

Information Meeting

Thursday, July 7th: 7:30-8:30pm in the Church Hall (*applications due)

Training Meetings

Monday, August 1st: 7:30 – 9pm in the Church Hall

Wednesday, August 3rd: 7:30 - 9pm in the Church Hall

Sunday, August 7th: 7:30 – 8:30pm in the School Hall

Poster Party (optional)

Thursday, August 4th: 7:30 – 9:00pm in the Church Hall

Camp Dates

Weekdays: August 8th – August 19th - 9:30am-12:30pm (9:00am-1:00pm for counselors)

Please fill out the following application and bring it to the
rectory or bring it to the meeting on July 7th.

Thanks for your interest in being a Camp Lourdes Counselor!

TENTATIVE SPLISH SPLASH DATE: TUESDAY, AUGUST 30th

CAMP LOURDES COUNSELOR WAIVER & EMERGENCY CONTACT SHEET

I, _____, parent and legal guardian of _____ hereby request and agree that my son/daughter participate in Camp Lourdes. The Camp will take place Monday through Friday from August 8, 2011 to August 19, 2011. Weekday sessions will take place from 9:30am-12:30pm. COUNSELORS ARE EXPECTED TO BE THERE FROM 9am-1pm. The Camp will be held on Our Lady of Lourdes property and staffed by Our Lady of Lourdes Youth Ministry.

I have been fully informed of the nature of this activity and I understand the scope and type of activities that will be involved. I agree, unless noted below, that my child may participate in all activities related to this Camp.

If for any reason you do not wish your child to participate in particular activities, please specify them here: _____

Pickup from Camp

COUNSELORS ARE PERMITTED TO GO ON THERE OWN TO AND FROM CAMP PLEASE INDICATE IF YOU HAVE FURTHER INSTRUCTIONS AS TO YOUR CHILD'S TRAVEL.

Medical Conditions

Please list any medical conditions your child may have and/or any medications they will be taking during Camp.

Allergies

Please list any medication or food your child is allergic to.

Emergency Contacts

I also consent to my child receiving emergency treatment in the event of illness or injury.

NAMES AND TELEPHONE OF PARENTS/GUARDIANS (please include home, work and cell #)

NAME AND TELEPHONE OF 2 PERSONS TO CALL IN CASE OF AN EMERGENCY

(If you can not be contacted):

1. _____

2. _____

I believe my child would be a good counselor and role model for the children of Camp Lourdes. If you have any reservations about your child volunteering with children for any reason or if you have any questions please contact the Camp Staff at 516-241-1896. I have read this form and understand its terms.

(Parent Signature)

(Date)

My child has my permission to be photographed for parish website and local newspaper. YES NO
circle one