



Dear Student,

You've been invited to apply and serve as a Junior Counselor during our Summer Camp. This is a summer service opportunity that will be held in weekly sessions from June 5th through August 11th.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY. THE APPLICATION PROCESS HAS CHANGED.

1. Complete the enclosed application and bring it to Leadership Training on April 28th. Please indicate the weeks you are available and the total number of weeks you would like to serve. Not everyone gets the weeks they request, we will do our best to accommodate everyone.
2. Students who are not accepted for the JC Program are welcome and encouraged to register for Summer Camp as a camper.

If you have questions or would like more information regarding this program before applying, please contact Ashley Rico or Sharla Mikeska. We look forward to reviewing your application and are looking forward to a great summer.

Sincerely,

Sunrise Neighborhood Youth Program

JUNIOR COUNSELOR APPLICATION

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE NUMBER: _____

FATHER _____ WORK# _____ HOME# _____

MOTHER _____ WORK# _____ HOME# _____

DOCTOR _____ TELEPHONE# _____

IMMUNIZATION RECORDS ARE ON FILE AT _____
Name of School Telephone #

AVAILABLE WEEKS – PLEASE MARK ANY WEEKS THAT YOU ARE AVAILABLE TO SERVE, THEN WRITE IN THE TOTAL NUMBER YOU WOULD LIKE TO SERVE.

June 5-9	June 12-16	June 19-23	June 26-30	July 3-7	July 10-14	July 17-21	July 25-29	Aug 1 - 5	Aug 8 - 12	Total # of wks desired

PLEASE CHECK T-SHIRT SIZE

Youth Med.	Youth Lg.	Adult Sm.	Adult Med.	Adult Lg.	Adult X-Lg.

Parents - please sign the following:

My child, _____, has permission to participate in the Junior Counselor Program at Sunrise Community Church during the summer of 2017. He/she will attend the Student Leadership Training on April 28. I have reviewed the expectations with my child and we understand that this is a challenging volunteer service program. We will give adequate notice to the program should my child become unavailable to serve a day or week that they are assigned. Should my child be unable to meet the requirements of the program he/she may be asked to withdraw and try again next year.

Signed _____ Date: _____

This section must be completed by the student:

Please take a few minutes to answer the following questions as thoughtfully as possible.

1. What are five positive characteristics about you?
2. What are your personal interests and hobbies?
3. Why do you want to be a junior counselor?
4. What do you hope to get out of serving in this program?
5. What would you do if two campers were fighting?
6. What would you do if you overheard JCs gossiping about one another, a staff member or a child?
7. Write a short essay of at least 100 words and attach it to this application.
First time JCs - Write about your favorite summer activity.
“Veteran” JCs – Write about your experiences as a JC – where you think you were able to *shine* and where you think you need help in becoming an even better JC.

Medical Release and Permission Form

Name: _____ DOB: _____ Male: ____ Female: ____

School Name: _____ Grade: _____ Email: _____

Parent/Guardian: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Medical Insurance Company: _____ Policy #: _____

Emergency contact: _____ Relationship to minor: _____

Contact #: _____

Emergency contact: _____ Relationship to minor: _____

Contact #: _____

Physician: _____ Office #: _____

Medical History

If necessary, describe in detail the nature and severity of any physical and or psychological ailment, illness, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action is required. Include names of medications and dosages that must be taken.

Permission to swim () Yes () No

Date of last tetanus shot: _____

Allergies: _____

Should this student's activities be restricted for any reason? Please explain: _____

We expect each student to follow these rules of conduct at all times:

1. No student can drive during events.
2. No fighting, weapons, fireworks, lighters or explosives.
3. No offensive or immodest clothing.
4. Participation is expected.
5. Respect the property.
6. Respect one another, staff and adult leaders.
7. Respect and comply with event schedules and rules of conduct.

Students who fail to comply with these expectations will be sent home at their parent's expense.

I, the student, have read the rules of conduct, the above evaluation of my health and permission to participate in youth activities. I agree to abide by stated personal limitations and code of conduct.

Students signature:

Date:

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, roller skating, ice skating, rock climbing, team sport activities, camping, hiking, Bible studies. Note: If you desire to limit your child's participation in any event, please submit in writing prior to the event.

Has my permission to attend all youth activities sponsored by Sunrise Community Church.

Signature:

Date:

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the church and its staff of any liability against personal losses of named child.

I/We, the undersigned, have the legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Sunrise. I/We understand that there are inherent risks involved in any ministry, and I/We hereby release Sunrise, it's pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to a person or property that may occur during the course of my child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and or hospital personnel designated by Sunrise, I/We agree to hold such person free of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that I/We will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further I/We affirm that the health insurance information provided above is accurate and to the best of my knowledge. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by Sunrise staff.

Parent/Guardian Signature: _____

Date: