

# 2019 McALLISTER JUNIOR COUNSELOR APPLICATION

\_\_\_\_\_  
NAME

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
PHONE (HOME)

\_\_\_\_\_  
PHONE (CELL)

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
SCHOOL

\_\_\_\_\_  
GRADE FOR 2018-2019 SCHOOL YEAR

## PARENT/GUARDIAN INFORMATION

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE (HOME)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
PHONE (WORK)

\_\_\_\_\_  
PHONE (CELL)

\_\_\_\_\_  
EMAIL ADDRESS

## APPLICANT CONFIRMATION

HAVE YOU READ AND DO YOU UNDERSTAND THE ENCLOSED INFORMATION ABOUT THE JUNIOR COUNSELOR PROGRAM?

YES \_\_\_\_\_

NO \_\_\_\_\_

## APPLICANT INFORMATION

WHY ARE YOU INTERESTED IN BECOMING A JUNIOR COUNSELOR?

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HAVE YOU EVER WORKED WITH CHILDREN? IF SO, PLEASE EXPLAIN.

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WHAT QUALITIES DO YOU POSSESS THAT WOULD MAKE YOU A GOOD JUNIOR COUNSELOR?

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WHAT HOBBIES OR INTERESTS DO YOU HAVE?

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WHAT OTHER PROGRAMS OR ACTIVITIES DO YOU PARTICIPATE IN THROUGHOUT THE YEAR?

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WHAT WOULD YOU MOST LIKE TO GAIN OUT OF BECOMING A JUNIOR COUNSELOR?

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## APPLICANT INFORMATION (CONTINUED)

WHAT ELSE WOULD YOU LIKE TO TELL THE McALLISTER STAFF ABOUT YOURSELF?

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IN ADDITION TO THE APPLICATION, IT IS STRONGLY ENCOURAGED THAT EACH APPLICANT OBTAINS TWO LETTERS OF RECOMMENDATION TO BE TURNED IN WITH THEIR APPLICATION. THESE LETTERS SHOULD NOT BE FROM FAMILY MEMBERS, BUT FROM OTHER INDIVIDUALS WHO CAN ATTEST TO THE APPLICANT'S WORK ETHIC AND CHARACTER.

MY SIGNATURE BELOW CERTIFIES THAT I HAVE FILLED OUT ALL INFORMATION ACCURATELY AND TO THE BEST OF MY ABILITY. I UNDERSTAND THAT IF I AM SELECTED AS A JUNIOR COUNSELOR, I MUST ABIDE BY ALL PROGRAM GUIDELINES. MY SIGNATURE ALSO MEANS THAT, IF SELECTED, I WILL DO THE BEST JOB THAT I POSSIBLY CAN TO MAKE SURE THAT ALL CAMPERS HAVE THE BEST SUMMER CAMP EXPERIENCE POSSIBLE.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

## PARENT/GUARDIAN PERMISSION

I HEREBY GIVE PERMISSION FOR \_\_\_\_\_ (APPLICANT'S NAME) TO PARTICIPATE IN THE McALLISTER JUNIOR COUNSELOR PROGRAM AND ALL RELATED ACTIVITIES, FIELD TRIPS, AND PROGRAMS. I ALSO CERTIFY THAT, TO MY KNOWLEDGE, MY CHILD HAS FILLED OUT ALL INFORMATION HONESTLY AND TO THE BEST OF HIS/HER ABILITY. FINALLY, I UNDERSTAND THE RISKS INVOLVED WITH SUCH A PROGRAM AND WILL NOT HOLD THE CITY OF LAFAYETTE, THE LAFAYETTE PARKS AND RECREATION DEPARTMENT, OR THE McALLISTER RECREATION CENTER, ITS STAFF AND/OR CAMP PARTICIPANTS LIABLE FOR ANY ACCIDENT OR INJURY RESULTING FROM MY CHILD'S PARTICIPATION IN THE PROGRAM.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME