Camp Tarpon 2024 June 10th - August 9th



Junior Counselor Application

Name:	Birthdate:	
Address:		
Phone Number: School:	Grade:	
Do you participate in any extract	urricular activities? If so,	what do you participate in?
Parent/Guardian Name:		
Emergency Number:	Health Insuran	ce Number:
Why do you want to be a Jr Cou	nselor:	
Please choose the 3-week block ye *APPLICANT MAY SIGN UP F	ou will be available:	EE WEEKS*
WEEKS 1-3	WEEKS 4-6	WEEKS 7-9
June 10 - June 28	July 1 - July 19	July 22 - August 9
Are you available for other volum Have you volunteered before? What did you do if you volunteer		
Junior Counselors Duties: Help indoors and outdoors; actively p counselors; must be at least 14 Tarpon Recreation will pay for J	articipate in all field trip years of age and must a	ttend CPR training with staff.
Signature:		Date:
Parent/Guardian Signature:		Date:
	Farpon Springs Recreatio	
400 S Walte	on Avenue, Tarpon Spring 727-942-5628	gs, FL 34689
PLEASE SUBMIT COMPLE): TARPONREC@CTSFL.US