



**APPLICATION**

*Junior Counselor Training Program*

**PHONE: (727) 942-5628 | EMAIL: tfezell@ctsfl.us**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade (entering in the fall): \_\_\_\_\_

School: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Have you ever attended TSRD Summer Camp?    Y    or    N

Choose one or more two-week blocks to work:

June 9 - June 27

Have you ever been a Junior Counselor at our TSRD Summer Camp before?    Y    or    N

June 30 - July 18

July 21 - Aug. 9

Please list your hobbies, interests or extracurricular activities in school, clubs or church:

Why do you want to be a Junior Counselor and what can you contribute to our camp as a volunteer?:

Please list any volunteer or work experience:

Please list 3 references (no family references) who can comment on character/ability to serve as Junior Counselor:

Name	E-Mail	Phone Number	Relationship
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Name	E-Mail	Phone Number	Relationship
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Name	E-Mail	Phone Number	Relationship
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**Junior Counselor Applicant (review & sign):**

\_\_\_\_\_  
Junior Counselor Applicant Signature

\_\_\_\_\_  
Parent/Guardian Signature

I have read the application and information on serving as a Junior Counselor for TSRD. I agree to attend the two day training for all staff and volunteers to complete prior to summer camp starting. If available, I will volunteer at the TSRD 4th of July Picnic serving the community of Tarpon Springs. I understand that attending camp daily and participating in all areas of camp and camp activities is required of all junior counselors. This includes learning leadership, working under the Counselor/Specialists supervision, assisting campers and staff, helping with office duties, equipment and camp maintenance.