

Elevation Camp Junior Counselor Application 2024

Basic Information (to be filled out by applicant)

Name: _____ DOB: _____

Address: _____

Your Cell Phone: _____ Parent's Cell Phone: _____

Email: _____ T-Shirt Size: _____

Participation Weeks (check all weeks you are available):

<input type="checkbox"/> June 10-14	<input type="checkbox"/> June 17-21	<input type="checkbox"/> June 24-28	<input type="checkbox"/> July 1-5 (no 4 th)	<input type="checkbox"/> July 8-12	<input type="checkbox"/> July 15-19
<input type="checkbox"/> July 22-26	<input type="checkbox"/> July 29 - August 2	<input type="checkbox"/> August 5-9	<input type="checkbox"/> Aug 12-16	<input type="checkbox"/> Aug 19-23	

Education

School: _____ Grade for 2024-2025: _____

Favorite Subject(s): _____

What job/career that interests you? _____

Experience

Have you had any camp experience before? YES NO

If yes, where and how many years? _____

Please describe your past work experience (paid or unpaid):

Interest in becoming lifeguard certified (15-year-olds only): Yes No

Faith and Volunteerism

Please describe your testimony of following Jesus: _____

Elevation Camp Junior Counselor Application 2024

Do you attend church regularly? Where? _____

Describe some volunteering you have done, where, and for how long: _____

Goals

What are your strengths, gifts, and/or talents?

What are some skills that you would like to improve?

How do you best communicate your needs/concerns?

How do you best receive feedback?

COVID-19 Disclaimer: Individuals 65+ years of age and individuals with underlying health conditions or a compromised immune system are at a higher risk of contracting the COVID-19 virus. The CDC and health officials recommend that those meeting these criteria do not participate in high-risk activities.

Commitment

I, the applicant, assure that the information I have provided is accurate to the best of my ability. Parent and Applicant have read through the Junior Counselor Handbook and understand what is required. Parent and Applicant agree to the responsibilities and consequences. Parent and Applicant understand the applicant may be released from the program if he/she does not meet expectations of this position with no refund.

Applicant Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____