



Address: 1990 Market St. Concord, CA 94520
Mailing Address: P.O. Box 23973 Pleasant Hill, CA 94523
Phone: 925.825.7751 | fax: 925.825.8732

Monument Crisis Center Summer Camp Counselor Application 2016

Our 2016 Summer Camp Program will introduce participants to many diverse and exciting experiences. Campers will be able to explore the East Bay Region through our partnership with East Bay Regional Parks. Through interactive space & science related activities campers will learn to appreciate and be inspired by the many wonders that our our Universe and planet earth has to offer. Campers will also be able to express their creativity through mediums such as art, dance and theatre.

Teen Counselors will assist the children with the various activities; accompany them on field trips including trips to East Bay Regional Parks, Chabot Space Center and our annual BBQ Pool Party. Counselors are instrumental in facilitating the day's activities. Teens must be responsible; self-motivated, and must easily interact with school age children (ages 5-10). It is imperative that teens arrive on time, ready to facilitate the daily summer camp activities as well as help clean up and be available for 8 weeks of camp.

Age Requirement:

Teen counselors must be 13-18 years old (Grades 9-12) Minimum 2.0 GPA Required to participate. Counselors will adhere to a maximum of 3 absences in order to keep a cohesive relationship between campers, and Monument Crisis Center staff and kids.

Rules to Remember

- I will commit myself to be a concerned and involved teen counselor
- I will maintain a cooperative relationship with the campers
- I will attend and participate in all Summer Camp Program meetings
- I will notify Monument Crisis Center staff, Josemar Hernandez via email jhernandez@monumentcrisiscenter.org or leave a message at 925-222-6867 if I will be absent
- I will notify staff of any inappropriate behavior involving the students, counselors or staff
- I will behave in a professional manner at all times and keep in contact with staff regarding my responsibilities
- I will fill out an emergency card providing all necessary information. Making safety my top priority at all times

Teen Counselor Responsibilities Include:

1. Arriving on time and ready to work
2. Assisting staff to monitor 35+ school age children (ages 6-11)
3. Being ready to facilitate the daily activities
4. Setting up the room for the day's activities and clean up
5. Being friendly, outgoing, and responsible



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Dress Code:

1. No flip flops
2. No spaghetti straps
3. No extremely short shorts past mid thigh
4. No extremely baggy clothes
5. Required to wear MCC camp shirt(s)
(will be provided)

Application Due Date:

Please submit your application essay questions, by Thursday June 2nd via e-mail to jhernandez@monumentcrisiscenter.org or in person.

SPACE IS LIMITED!

SHORT ANSWER QUESTIONS

Please pick and answer 3 of the following questions in a thoughtful and concise manner 50-75 words per question. Not only are these questions an important factor in the application process, but they also provide us with an opportunity to get to know you better. If you are not able to type your responses, please write in clear handwriting. (blue/black ink)

1. Why are you interested in becoming a camp counselor?
2. Have you worked/interacted with grade school children before? If so, please describe your experience.
3. Who would you consider a role model and why?
4. What strengths do you think you will bring to the Monument Crisis Center Summer Camp Program?
5. Have you ever been a part of summer camp? If so which one, ones? How was your experience?

SUMMER CAMP DATES AND TIME

All Activities to TBD

June 15th Teen Training Day (1) 2:00-4:00

June 16th Teen Training Day (2) 2:00-4:00

June 22th First Day of Camp 1:15-4:45

July 30th 4th of July Party 1:15-4:45

July 7th "Pool Party" @ Heather Farms Clarke Swim Center 12:30-4:30

July 11-15th NO Camp This Week

August 4th Last Day of Camp 1:15-4:45



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Name _____ Age _____ Grade _____

T-shirt Size: _____

Address _____

Name of Parent _____

Phone Number 1. (____) _____ 2.(____) _____

Emergency contact

Please list two adults (18 and over) we may reach that are authorized by you to pick up your child.

1. Name _____ Relation to Child _____
Phone _____ Phone _____

2. Name _____ Relation to Child _____
Phone _____ Phone _____

Insurance _____ ID Number _____

Medical Release: I authorize Monument Crisis Center staff to obtain emergency care for my child in case of an emergency.

Does your child require any medication while at the program?

Does your child have any allergies?

Please list any other information that will assist our staff in helping your child during the program.

I understand and agree to follow the rules of Monument Crisis Center. I further agree to hold Monument Crisis Center, free and harmless from any and all liability arising from me and my child's participation in the program.

Parent Signature _____

Date _____