



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's "Outdoor Adventure 2019" Summer Camp Counselor Application
APPLICATIONS DUE: Tuesday, April 30, 2019

Description of Role:

During this summer of exploring the outdoors and local wildlife, the campers and counselors will participate in field trips to parks such as the John Muir House and Tilden Regional Park, as well as Lindsay Wildlife Experience. During the program, campers will have the opportunity to explore different topics ranging from art to virtual reality. Counselors are essential not only to chaperone these events but to help campers learn how to master the activities, nurture their creativity, and have the richest summer camp experience possible.

Desired Qualifications:

- Applicants must be at least 16 years of age and currently enrolled in high school or college.
- Must have reliable transportation.
- Is friendly, outgoing, and responsible.
- Previous experience working with youth and/or in a summer camp is preferred but not required.
- Flexibility and ability to adapt to a fast-paced work environment.
- Passion for teamwork.
- Ability to lead small groups.
- Readiness to serve as a mentor to underserved youth.

Summer Camp Counselor Responsibilities Include:

- Attending every summer camp session and field trip.
- Assisting staff to monitor 50 school age children (ages 5-13).
- Facilitate daily activities.
- Preparing materials for daily activities.

Availability Requirements:

- Mandatory Summer Camp Counselor Training
 - June 19, 2019, 2-4 p.m.
 - June 20, 2019, 2-4 p.m.
- Summer Camp Dates
 - Wednesdays: 6/26, 7/10, 7/17, 7/24, 7/31
 - Thursdays: 6/27, 7/11, 7/18, 7/25, 8/1
 - Note: Hours will vary depending on daily activities.



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Counselor Information

Name _____ Age _____ D.O.B. ___/___/____ Grade/Year _____

Address _____

Email Address _____ Phone Number (____) _____ - _____

Emergency Contact(s)

1. Name _____ Relation to Applicant _____
 Phone (____) _____ - _____ Secondary Phone (____) _____ - _____

2. Name _____ Relation to Applicant _____
 Phone (____) _____ - _____ Secondary Phone (____) _____ - _____

Medical Information

Insurance _____ ID Number _____

Allergies – Does applicant have any allergies to food, medications, insects, etc.? Yes No

If Yes, please list: _____ EpiPen? Yes No

Does applicant require any medication while at the program? Yes No

If Yes, please list: _____

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

Applicant Signature _____ **Date** _____

For parents or guardians of applicant under 18 years old: I authorize Monument Crisis Center staff to obtain emergency care for applicant in case of an emergency. 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 my participation in the program.

Parent Signature _____ **Date** _____



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Photo Release and Emergency Release

Please list any restrictions to photo release form

I grant the Monument Crisis Center the right to take photographs and video of the applicant while at the Center. I authorize the Monument Crisis Center, as well as its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Monument Crisis Center may use such photographs with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I **DO NOT** grant the Monument Crisis Center the right to take photographs and video of the applicant while at the Center.

Restrictions: _____

 Print full name of applicant or parent/guardian if applicant is under 18 years of age

 Signature

 Date

My Signature gives permission for the following:

Emergency Release

If, in the judgment of the staff of the Monument Crisis Center the applicant named above needs immediate care and treatment as a result of any injury or sickness, I hereby give permission to the staff to secure proper treatment for the applicant. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I do hereby agree to indemnify and hold harmless the Monument Crisis Center (including its officers, directors, members and/or volunteers) from any claim by any person whomsoever on account of such care and treatment of said applicant.

 Print full name of applicant or parent/guardian if applicant is under 18 years of age

 Signature

 Date

Please submit your completed application by Tuesday, April 30, 2019 via e-mail to afterschoolcafe2350@gmail.com or to Sabrina Eugster or Juliana Chiarelli in person. All applicants will be contacted for interview dates and further information. Apply early, space is limited.