



**Official Use Only**  
Interview Date: \_\_\_\_\_  
Confirmed Week(s): \_\_\_\_\_  
Orientation Session: \_\_\_\_\_

**\*\*\*Please note: All Summer Counselors are required to attend either of the orientation sessions tentatively scheduled for Tuesday May 18<sup>th</sup> at 6pm or Wednesday May 26<sup>th</sup> at 6pm. Date and time subject to change.\*\*\***

### 2010 SUMMER PROGRAMS COUNSELOR FORM

Today's Date: \_\_\_\_\_ (PLEASE DO NOT SUBMIT THIS FORM BEFORE MARCH 15, 2010)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The best way to contact me is (please circle one): Home phone      Cell      Email

Parent/Guardian Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (if different from above):

Name: \_\_\_\_\_ Contact's Phone: \_\_\_\_\_

Please number in the order of your preference the weeks for which you are applying:

- |  |  |
|--|--|
| <input type="checkbox"/> WEEK 1: June 14 – June 18 | <input type="checkbox"/> WEEK 6: July 19– July 23      |
| <input type="checkbox"/> WEEK 2: June 21– June 25  | <input type="checkbox"/> WEEK 7: July 26 – July 30     |
| <input type="checkbox"/> WEEK 3: June 28 – July 2  | <input type="checkbox"/> WEEK 8: August 2– August 6    |
| <input type="checkbox"/> WEEK 4: July 6 – July 9*  | <input type="checkbox"/> WEEK 9: August 9 – August 13  |
| <input type="checkbox"/> WEEK 5: July 12 – July 16 | <input type="checkbox"/> WEEK 10: August 16– August 20 |

\* There will be no camp on Monday July 5<sup>th</sup> in observance of Independence Day.

Please circle the time period(s) you can work:

- 7:45 a.m. – 4:00 p.m.
- 9:00 a.m. – 5:30 p.m.
- 7:45 a.m. – 5:30 p.m.



Have you been a CIT or counselor at The ArtsCenter before?      YES                      NO

If yes, when? \_\_\_\_\_ What were your primary job duties? \_\_\_\_\_

How did you learn about this volunteer position?    \_\_\_ School    \_\_\_ Advertising  
\_\_\_ Another Volunteer            \_\_\_ ArtsCenter    Other source: \_\_\_\_\_

Do you speak any language(s) other than English? If so, what other language(s) do you speak:

\_\_\_\_\_

Please list any special skills you may have (i.e. worked with special-needs children, CPR-certified, etc.):

\_\_\_\_\_

\_\_\_\_\_

Name and Address of your School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have had a job before, please list where and when you worked, as well as your duties. This will help us to determine the type of activities you are experienced doing so we can assign you properly.

\_\_\_\_\_

\_\_\_\_\_

Please list two references (not in your family) and their contact information.

1. \_\_\_\_\_

2. \_\_\_\_\_

**I understand that to be a counselor at The ArtsCenter I must attend either of the two counselor training session (tentatively scheduled for May 18<sup>th</sup> and 26<sup>th</sup> at 6pm), commit to working one full session (at least one full week) and to working one of the three time frames offered. I promise to be here on the dates assigned to me, to be here on time, and to call if I will not be able to come in to work. I understand that working with children is a serious responsibility, and I promise to do my job to the best of my ability.**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Please return to the ArtsCenter's Camp Manager. Any questions can be addressed to

[camp@artscenterlive.org](mailto:camp@artscenterlive.org).

Thank you!