

# Green Township Summer Recreation Jr. Counselor – 2017

Program runs from July 10 to July 28, 9:00am to 12:00pm, Monday – Friday

(Applicants must be at least 13 years of age---submission does not guarantee placement)

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

In case of emergency please notify (name, phone #, cell phone#)

\_\_\_\_\_

Prior Experience with children: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

What age group would you like to work with?

K \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_ no preference \_\_\_\_\_

What are your hobbies/interests? \_\_\_\_\_

I am available everyday for summer rec: Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, please indicate the dates you will not be there) \_\_\_\_\_

## Parental Authorization

I \_\_\_\_\_ parent or guardian of \_\_\_\_\_ do authorize my child to assist the Summer Recreation program coordinator as a junior counselor. My child understands that this is not a paid position, but will be learning the responsibilities required to perform the position of a senior counselor. My child accepts the seriousness of this position and acknowledges that the children enrolled in this program require his/her full attention.

Please list any allergies and/or medications that your child has or may have

\_\_\_\_\_

Physician's name \_\_\_\_\_ Physician's Tel#: \_\_\_\_\_

Parent Signature

\_\_\_\_\_ Date

Please return this application to:

**Green Township, Attn: Jr. Counselor  
PO Box 65, Tranquility, NJ 07879**