

**For Primary Consideration  
forms must be turned in:**  
by Friday, April 23rd, 2010.



Preference for Sessions  
(Please mark all that you wish to participate in)

Session 1	_____	June 14 <sup>th</sup> – 18 <sup>th</sup>
Session 2	_____	June 21 <sup>st</sup> – 25 <sup>th</sup>
Session 3	_____	June 28 <sup>th</sup> – July 2 <sup>nd</sup>
Session 4	_____	July 6 <sup>th</sup> – 9 <sup>th</sup> (No camp July 5)
Session 5	_____	July 12 <sup>th</sup> – 16 <sup>th</sup>
Session 6	_____	July 19 <sup>th</sup> – 23 <sup>rd</sup>
Session 7	_____	July 26 <sup>th</sup> – 30 <sup>th</sup>
Session 8	_____	August 2 <sup>nd</sup> – 6 <sup>th</sup>

### 2010 Junior Counselor Application

\*Must be 14 by June 14<sup>th</sup>, 2010\*

(Please type of print legibly)

Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Last, First, MI

Email Address \_\_\_\_\_ Previous Camper: YES or NO

Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Gender: MALE or FEMALE School Attending Next Fall \_\_\_\_\_

Principal's Name \_\_\_\_\_ School Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**Please fill out each section completely. Give dates and responsibilities in each situation.**

Experience working with children (i.e., siblings, baby-sitting, school, etc.)

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Sports Experience (please include dates and sports)

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Certifications (Please list all current certifications and expiration dates)

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List any leadership positions you have held or awards you have earned.

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What special skill(s) can you share with others? (art, music, dance, etc.)

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Why do you want to participate as a Junior Counselor at FSU?

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Why do you think you are ready for this type of experience?

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What do you think a camper should gain from his or her camp experience at camp?

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**SIGNATURES**

I certify that all statements in this application are true. I also agree that if I am accepted as a Junior Counselor, I will abide by all the rules and regulations of FSU, the FSU Summer Day Camp and its staff.

\_\_\_\_\_  
Participant Signature Date

\_\_\_\_\_  
Parental Signature (Required if Junior Counselor is under 18 years of age) Date

**Junior Counselor Checklist**

- \_\_\_ Application
- \_\_\_ Two References
- \_\_\_ Parental Consent Form
- \_\_\_ Activity Interest Form
- \_\_\_ Proof of Age
- (304) 367-4406 Fax

**Please complete and return to:**

Kevin Philyaw  
FSU Summer Day Camp  
1201 Locust Ave  
Fairmont, WV 26554  
(304) 368-7223 Phone