

JUNIOR COUNSELOR APPLICATION
SOUTH CAROLINA NATIONAL GUARD YOUTH CAMP

24 – 31 JULY 2010

MUST BE SUBMITTED by: 15 JUNE 2010

Name: _____ Social Security #: _____
(Last, First, MI)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Age (Must be 15 – 17) : _____ Date of Birth: _____

EMAIL ADDRESS: _____

Religion: _____ ** Religion is asked due to diet requirements/restrictions.

Swimming Level: Does not swim _____ Beginner _____ Intermediate _____ Advanced _____

T-shirt size: (adult size) S _____ M _____ L _____ XL _____ XXL _____

Mother's Name: _____
(Last, First, MI)

Address: _____

Phone: (Home) () _____ (Work) () _____

Father's Name: _____
(Last, First, MI)

Address: _____

Phone: (Home) () _____ (Work) () _____

In case of emergency, whom should we contact? _____

Phone: (Home) () _____ (Work) () _____

Camp Experience: Yes _____ No _____ If yes, explain: _____

Are you a member of a JrROTC? _____ Which school _____

List your areas of expertise; skills which qualify you to be a junior Counselor:

1. _____
2. _____
3. _____

Why do you wish to be a Junior Counselor?

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List the extracurricular activities in which you have been involved:

JUNIOR COUNSELORS MUST BE AVAILABLE FOR THE ENTIRE WEEK OF CAMP 24 – 31 JULY 2010: AND FOR ORIENTATION DAY, DATE TO BE DETERMINED.

JUNIOR COUNSELORS MUST ABIDE BY ALL RULES AND REGULATIONS.

After arrival at Camp, Junior Counselors will not operate a motor vehicle. Items Not Permitted:

1. weapons;
2. t.v., jam box, cassette player, electronic games;
3. tobacco;
4. alcohol;
5. illegal drugs;
6. skateboards;
7. candles;
8. pets;
9. fireworks;
10. food (including candy) and beverages;
11. valuables (including expensive clothing).

JUNIOR COUNSELORS WILL SET AN EXAMPLE OF HIGH MORALS AND EXEMPLARY BEHAVIOR AND WILL ASSIST IN ALL ACTIVITIES AND MOVEMENT OF CAMPERS.

As a Junior Counselor, I agree to abide by all rules and regulations.

Applicant's Signature

Date

PARENTAL PERMISSION

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My child, _____, has my permission to serve as a Junior Counselor at the South Carolina National Guard Youth Camp at CAMP BOB COOPER from **24-31 JULY 2010**

Parent's Signature

Date

My child, _____, has my permission to drive to Youth Camp and to return home in his/her personal vehicle.

Parent's Signature

Date

Please return application, health record, copy of medical insurance card, and medical treatment permission form to:

South Carolina National Guard Family Programs
ATTN: Youth Camp Director/STOP # 18
1 National Guard Road
Columbia, SC 29201-4766

For further information, you may contact Mr. James E. Harris, Jr at (803) 667-2056 or Ms. Sherry Marsh at (803) 667-2059 during 7:30 am-5:00 pm M – F.

Note: All applicants will be notified by mail or email whether or not they have been accepted. Written details will be sent to Junior Counselor as to dates, times, in-processing locations, items to bring, etc.