



Camp RAVE Junior Counselor Application
Chances And Services for Youth
CONSENT AND DISCLOSURE FORM

Please complete form and return it with your signature to the Camp RAVE supervisor or a Chances And Services for Youth staff person at Chances And Services for Youth (1101 S. 13th St. Terre Haute, IN 47802).

Personal Information

Full Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Demographic Information

Grade in Fall 2017: _____ Age: _____ Date of Birth: ___ / ___ / ___

Shirt Size: YS YM YL S M L XL

School: _____ Race/Ethnicity: _____

Have you attended Camp RAVE before? _____

If yes, how many summers? _____

2017 CAMP WEEKS

Please indicate with an X which week(s) of camp you would like to volunteer as a Jr. Counselor.

Note: If your child is registered for a week and does not attend, you are responsible for payment for that week.

All Summer _____

Week 1: June 5 - 9 _____

Week 2: June 12 - 16 _____

Week 3: June 19 - 23 _____

Week 4: June 26 - 30 _____

Week 5: July 3 - July 5-7 _____ NOTE: No camp on Tuesday, July 4 in observance of July 4th

Week 6: July 10 - 14 _____

Week 7: July 17 - 21 _____

Week 8: July 24 - 28 _____

Week 9: July 31 - Aug. 4 _____



"Purdue University is an equal opportunity/equal access/affirmative action institution. Purdue University/Chances And Services for Youth provides reasonable accommodations that allow otherwise qualified applicants with disabilities to perform the essential functions of a position... accommodations will be made unless such accommodations have the end result of placing an undue burden on the operations of the University and Chances And Services for Youth. Applicants needing accommodations should contact the Purdue Extension Service and Chances And Services for Youth."

DAYS AND TIMES AVAILABLE

		Monday	Tuesday	Wednesday	Thursday	Friday
Start Time	AM					
End Time	PM					

EXPERIENCE

Please list any volunteer experience, experience with children, trainings, or other information that you believe make you qualified to be a Junior Camp Counselor.

Why would you like to volunteer as a Junior Counselor?

REFERENCE

Please list TWO references NOT RELATED to you. (i.e. teacher, pastor, scout leader, etc.)

(1) Reference Name: _____

Phone Number: _____ Cell Phone: _____

Relationship to you _____

(2) Reference Name: _____

Phone Number: _____ Cell Phone: _____

Relationship to you: _____



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PARENT/GUARDIAN

PARENT/GUARDIAN INFORMATION

Parent/guardian(s) listed below are authorized to pick up child, unless otherwise noted.

1. Guardian Name: _____

Relationship: _____

Mailing Address: _____

City _____ State _____ Zip _____

Place of Employment: _____

Cell Phone: _____

Work Phone: _____

E-mail Address: _____

2. Guardian Name: _____

Relationship: _____

Mailing Address: _____

City _____ State _____ Zip _____

Place of Employment: _____

Cell Phone: _____

Work Phone: _____

E-mail Address: _____

PARENT CONSENT

PARENTS:

By initialing here, I give my permission for my child to Camp Rave as a Junior Counselor, and understand that there is no monetary remuneration: _____

PARENT: By initialing here, I give my permission for Camp Rave to photograph my child at Camp Rave: _____

PARENT: By initialing here, I certify that all items contained in this form are accurate _____

NOTE: Additional information will be required from parent/guardian on first day of camp, please allow yourself 5-10 minutes to fill out the required paperwork.

Parent Signature: _____ Date: _____

JUNIOR COUNSELOR

I hereby certify that I have filled out this application to the best of my knowledge and belief.

Junior Counselor Signature: _____ Date: _____