

# JEA Camp Savannah - Counselor Application



Return completed form to the JEA at 5111 Abercorn Street.

Name: \_\_\_\_\_ Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email\* (Required): \_\_\_\_\_

## Which position are you applying for? (Please circle one)

- Lead Group Counselor (College Freshmen and up)
- Junior Group Counselor (High School Juniors and Seniors)
- Specialty Counselor: Archery, nature, dance
- WSI-Certified Swimming Instructor (Certification required)

## Which age groups would you prefer to work with?

- Younger Campers (Campers entering grades K-2)
- Older Campers (Campers entering grades 3-8)

**Camp runs from June 3rd - July 26th. Can you commit to the entire summer? There will be 4 mandatory sessions of staff training between the weeks of May 21st - June 2nd. If you cannot commit to the entire summer, how many weeks can you work? Priority will be given to those who can commit for a minimum of 6 weeks or more.**

- Yes  No If no, how many weeks? \_\_\_\_\_

## Employment History

Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Reference #1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Reference #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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## Certifications:

First Aid:  Yes  No Expiration Date: \_\_\_ / \_\_\_ / \_\_\_  
Organization: \_\_\_\_\_

AED:  Yes  No Expiration Date: \_\_\_ / \_\_\_ / \_\_\_  
Organization: \_\_\_\_\_

CPR:  Yes  No Expiration Date: \_\_\_ / \_\_\_ / \_\_\_  
Organization: \_\_\_\_\_

## Life Guarding/Water Safety Instruction:

Yes  No Expiration Date: \_\_\_ / \_\_\_ / \_\_\_  
Organization: \_\_\_\_\_

Other: \_\_\_\_\_ Expiration Date: \_\_\_ / \_\_\_ / \_\_\_  
Organization: \_\_\_\_\_

## Education (High School and College)

Please list the highest level of education you have completed, any degrees you're pursuing or have earned.

High School: \_\_\_\_\_ Dates: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Did you Graduate: \_\_\_\_\_

College: \_\_\_\_\_ Dates: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Did you Graduate: \_\_\_\_\_  
Major: \_\_\_\_\_ Degree: \_\_\_\_\_

College: \_\_\_\_\_ Dates: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Did you Graduate: \_\_\_\_\_  
Major: \_\_\_\_\_ Degree: \_\_\_\_\_

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## Personal Qualities

Please describe the qualities about yourself that would make you an effective Staff Member at JEA Camp Savannah: \_\_\_\_\_

\_\_\_\_\_

Why do you want to work at camp, considering the limited pay and long hours? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you want to learn from your experience as a camp counselor? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby give JEA Camp Savannah the right to make a thorough investigation of my past employment and past activities. I release from all liability all persons, companies, and corporations supplying such information and I also release JEA Camp Savannah and any of its representatives from any liability as a result of any inquiries made by JEA Camp Savannah while conducting this investigation. I certify that all the information provided on this application is complete and correct.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If the person applying for a position is under 18 years of age, either a parent or guardian must sign below. Your signature indicates that this application is made with your approval.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_