

# JEA Children's and Camp- 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?

Lead Group Counselor (College Freshmen and up)

Junior Group Counselor (High School Juniors and Seniors)

Specialty Counselor: Archery, nature, dance, etc.

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)

(For Camp Counselors Only) **Camp runs from June 1st - July 31st. Can you commit to the entire summer? There will mandatory sessions of staff training leading up to camp. If you cannot commit to the entire summer, how many weeks can you work? Priority will be given to those who can commit to 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 in the JEA Children's and Camp Departments: \_\_\_\_\_

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Why do you want to become a counselor, considering the limited pay and long hours? \_\_\_\_\_

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

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I hereby give the JEA Children's and Camp Departments 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 the JEA Children's and Camp Departments and any of its representatives from any liability as a result of any inquiries made by the JEA Children's and Camp Departments 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: \_\_\_\_\_