



Boys & Girls Club of West Springfield
Summer Camp
JUNIOR LEADER APPLICATION

Please Print Neatly

First Name: _____ Last Name: _____

Address: _____ City, State, Zip: _____

Phone: () _____ Date of Birth: _____

PERSONAL INFORMATION

Gender: Male [] Female [] T-Shirt Size: S M L XL 2XL

Physical Limitations: No [] Yes [] If yes, explain:

Education (**circle highest grade level completed**): 7th 8th 9th 10th 11th 12th

Work or Volunteer Experience: (**Where did you work/volunteer and what were your responsibilities?**)

1. _____
2. _____
3. _____

Skills (**List your skills and indicate proficiency level**) Amateur Skilled Can Teach

1. _____
2. _____
3. _____

Languages (**Indicate Proficiency**): Some Fluent Read Write

1. _____
2. _____

Interests and Hobbies (**Please describe any interests and/or hobbies you enjoy**)

Volunteer Activity Assignments:

Please read the list below. These are some common tasks and responsibilities for our Junior Leaders. Your responsibilities will vary from day to day. Please put a check next to the tasks you are most interested. Check all that apply.

- Leading Sports/Fitness Activities (setting up, demonstrating, encouraging)
- Leading games/activities (setting up, demonstrating, encouraging)
- Hall Monitoring (Helping members stay in line and in right group, keeping them occupied while waiting turns, leading camp cheers/songs)
- Arts & Crafts
- Story Time (enthusiastically reading stories to small groups)
- Kitchen Duties (Set up, clean up, taking out trash)
- Office help (filing, errands, copying, sorting)
- Taking pictures/videos (sorting, cataloging)
- Other (please specify) _____

Volunteer Availability:

During which Summer Camp Weeks are you available to volunteer? (Check all that apply)

- Friendship Week: 6/26 – 6/30
- Spirit Week: 7/3 – 7/7 (*closed the 4th*)
- Sports Week: 7/10 - 7/14
- Outdoors Week: 7/17 – 7/21
- Color Wars Week: 7/24 – 7/28
- Fun Fitness Week: 7/31 – 8/4
- Exploration Week: 8/7 – 8/11
- Challenge Week: 8/14 – 8/18

How many days can you work per week? 1 2 3 4 5

Which Days are you available?: Monday Tuesday Wednesday Thursday Friday

Transportation: (How will you get to your assignment?)

Public Transportation Walk Bus/Van Taxi/Car Service Car

Health & Accommodations: Please list any health concerns or special needs we should be aware of.
(If you require medication during the Camp day, please complete the required medication forms.)

Parent/Guardian Contact Information

First Name: _____ Last Name: _____

Address: _____ City, State, Zip: _____

Phone: () _____ Relationship: _____

First Name: _____ Last Name: _____

Address: _____ City, State, Zip: _____

Phone: () _____ Relationship: _____

Emergency Contact Information

First Name: _____ Last Name: _____

Address: _____ City, State, Zip: _____

Phone: () _____ Relationship: _____

First Name: _____ Last Name: _____

Address: _____ City, State, Zip: _____

Phone: () _____ Relationship: _____

REFERENCES

List three references **that are not family members**. No more than one of the three references can be a friend.

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

The Junior Leader Program is designed to provide our 14 & 15 year-old Club members with the opportunity to learn about the qualities and competencies needed to be a leader. Participants in the Junior Leader Program shadow Summer Camp Club Staff to provide assistance and may participate with specific projects, activities and/or events. Participants who successfully complete the Junior Leader Program will receive a certificate of volunteer service.

AGREEMENT

I understand that I must fill out and sign the Junior Leader Application completely. I understand that as a Junior Leader I may be subject to a CORI & SORI background record check and that the results of this report may or may not qualify me to work with the Summer Camp Members. I understand that I am required to attend an interview, and if accepted into the Junior Leader Program, to also attend the orientation and mandated trainings prior to the start of Summer Camp.

Applicant Signature

Date

Parental Consent Form: *All items must be initialed by a parent/guardian unless marked optional.*

I understand that I must provide my child's up-to-date physical exam and immunization record prior to his or her participation as a Junior Leader.	
I understand that the Staff at the WSBGC are trained in the basics of First-Aid and CPR, and I authorize them to give my child First-Aid and CPR when appropriate.	
In the case of emergency, I give the WSBGC permission to take my child to the nearest medical emergency treatment facility and to authorize necessary treatment until I can be reached.	
I give the WSBGClub permission to take my child on scheduled field trips and understand that a third-party bus company will provide transportation for our members to and from the field trip.	
In the event my child does not wish to attend the scheduled field trip, my child will not be able to attend the club that day as all staff will be on the field trip. I will secure alternative care arrangements for my child for this day only.	
I give the WSBGClub permission to photograph my child to be used in displays and promotional materials.	Optional
I give the WSBGClub permission for my child to use computers according to the Club rules.	Optional
I give my child permission to walk home at the end of the Camp day.	Optional
I give my child permission to use public transportation at the end of the camp day.	Optional

Parent/Guardian Signature

Date