



# Junior Counselor Application

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_

Parent/Guardian Name : Mother \_\_\_\_\_ Father \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female  HS Grad Year \_\_\_\_\_

Home Congregation \_\_\_\_\_ City \_\_\_\_\_

Work Experience \_\_\_\_\_

Hobbies \_\_\_\_\_

Special Skills \_\_\_\_\_

Have you ever been a camper at Camp Io-Dis-E-Ca? Yes  No  If yes, when? \_\_\_\_\_

Have you been a Junior Counselor before? Yes  No

Why do you want to be a Junior Counselor? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical or mental impairments that might affect your duties as a JC or be a risk to your health while at camp? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any dates which you cannot serve as a Junior Counselor? \_\_\_\_\_

## **PARENTAL CONSENT**

I \_\_\_\_\_ allow my son/daughter to serve as a Junior Counselor at Camp Io-Dis-E-Ca and that this application has been completed truthfully.

*Parent/Guardian Signature*

\_\_\_\_\_ Date \_\_\_\_\_

*Applicants Signature*

\_\_\_\_\_ Date \_\_\_\_\_

**Week Preference**

Week Preference does not guarantee that you will automatically receive that week. Please mark a 1 by the week(s) you would like to JC, a 2 by other weeks you would be able to JC, and a 3 by the weeks you are unable to serve as a JC.

Week 1 (\$50) June 13-15_____	Week 2 (\$95) June 24-29_____	Week 3 (\$50) July 1-3_____
Week 4 (\$95) July 15-20_____	Week 5 (\$95) July 22-27_____	Week 6 (\$50) July 29-31_____

Recommendation from your pastor:

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Pastor's Signature

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