



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 14/36 _____ | Week 2 (\$100) June 18/43 _____ | Week 3 (\$50) Lxpq"52/"July"4 _____ |
| Week 4 (\$100) July 9/34 _____ | Week 5 (\$100) July 16/3; _____ | Week 6 (\$50) July 4: /52 _____ |

Recommendation from your pastor:

Pastor's Signature
