

**SUMMER SURGE DAY CAMP 2010**  
**Junior Counselor – Application for Employment**

**\*\*Applicants must have completed 10<sup>th</sup> grade by dates of Camp\*\***

When you have completed this application, please mail or deliver to:  
Summer Surge, Memorial Park Church; 8800 Peebles Road, Allison Park, PA 15101

Check session(s) you are applying for:

Session 1: June 21 – 25     Session 2: June 28 - July 2     Session 3: July 12 - 16

**NAME** (including Nickname) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (    ) \_\_\_\_\_ e-mail (home): \_\_\_\_\_

What school did you attend this year? \_\_\_\_\_ Grade? \_\_\_\_\_

List any honors, activities, or athletics you participated in this year: \_\_\_\_\_

Have you been a camper at Summer Surge?     Yes     No

Write any previous experience as a camp counselor, include the camp name. \_\_\_\_\_

**YOUR FAITH:**

Who is Jesus Christ? \_\_\_\_\_

A person is a Christian if \_\_\_\_\_

Describe the essential points you would make to someone in sharing your faith. Include appropriate Bible verses. \_\_\_\_\_

How did you come to know Jesus Christ as your Lord and Savior? \_\_\_\_\_

Your present church membership and other Christian work you are involved in. (Young Life, Youth Group, etc.) \_\_\_\_\_

**ALL ABOUT YOU:** (Please attach a recent photo to this form)

Describe yourself in five words. \_\_\_\_\_

The important characteristics of being a good leader are: \_\_\_\_\_

How, specifically, can you make a positive impact on kids at Summer Surge? \_\_\_\_\_

Summer Surge is a direct ministry of Memorial Park Church and a witness of our Lord and Savior, Jesus Christ. It is therefore important that our counselors reflect values consistent with Biblical teachings. Please indicate your views on the following subjects and explain if necessary:

Underage drinking:	_____ Acceptable	_____ Unacceptable	_____ Other*
Smoke/chew tobacco	_____ Acceptable	_____ Unacceptable	_____ Other*
Use of illegal drugs:	_____ Acceptable	_____ Unacceptable	_____ Other*
Premarital sex:	_____ Acceptable	_____ Unacceptable	_____ Other*
Homosexuality:	_____ Acceptable	_____ Unacceptable	_____ Other*

\*Please explain \_\_\_\_\_

Nothing is more important to a parent than selecting those who will influence their children!

**Your T-Shirt Size: (all are adult sizes)**

Small                       Medium                       Large                       X-Large                       XX-Large

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

For afternoon electives:

- Indicate with a "T" those activities you can **teach** to a camper.
- Indicate with an "A" those activities you can **assist** teaching a camper.
- Circle those activities you would **most** like to do.
- Leave blank those activities which you would **not** like to do.

**Sports:**

\_\_\_\_ archery  
 \_\_\_\_ baseball/softball  
 \_\_\_\_ basketball  
 \_\_\_\_ billiards (pool)  
 \_\_\_\_ dance  
 \_\_\_\_ flag football  
 \_\_\_\_ rock wall  
 \_\_\_\_ soccer  
 \_\_\_\_ street hockey

**Arts and Crafts**

\_\_\_\_ beading/bracelets  
 \_\_\_\_ cartooning  
 \_\_\_\_ ceramics  
 \_\_\_\_ scrapbooking  
 \_\_\_\_ sewing (simple pillow)  
 \_\_\_\_ woodwork

**Miscellaneous**

\_\_\_\_ cooking  
 \_\_\_\_ game day (Apples to Apples  
 Pictionary, Cranium, Scattegories, etc.)  
 \_\_\_\_ spa days (hair wraps, make up  
 manicures, etc.)

Indicate if you would like to be a part of the Worship Band or Skits:

\_\_\_\_ **guitar**    \_\_\_\_ **drums**    \_\_\_\_ **vocal**    \_\_\_\_ **keyboard**    \_\_\_\_ **skits**

If you are under 18 years of age, please have your parent or guardian complete this portion of the application form. We need this information in case of an emergency.

Name of Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

*In the event of a **minor illness**, I understand that the counselor will receive Basic First Aid, and that a log of treatment rendered will be maintained by the Camp Nurse. Such minor care may, at times, require the administration of "over the counter" medications. I hereby give permission to the Camp Nurse or his/her designee to administer Tylenol, Advil, Benedryl, Tums/Rolaids, Midol, Solarcaine or Visine as needed. In the event of a **medical emergency**, I understand that every effort will be made to contact the parents or guardians of the counselor. In the event that I cannot be reached, I hereby give permission to the Camp Director and/or the Camp Nurse to seek medical attention for my child. I also give permission to the hospital and/or physician secured by the Camp to hospitalize, to provide appropriate treatment for, and to order injection, anesthesia, and/or surgery for my child as his/her illness or injury warrants.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact & Phone # (during camp) \_\_\_\_\_

List any health related concerns: \_\_\_\_\_