



2024 Junior Counselor Application

Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

School: _____ Grade (for 2024-2025 school year): _____

Anticipated Dates to Attend (6 week minimum):

___ Week 1 (May 28-31)	___ Week 5 (June 24-28)	___ Week 9 (July 22-26)
___ Week 2 (June 3-7)	___ Week 6 (July 1-5)	___ Week 10 (July 29-Aug. 2)
___ Week 3 (June 10-14)	___ Week 7 (July 8-12)	___ Week 11 (August 5-9)
___ Week 4 (June 17-21)	___ Week 8 (July 15-19)	

*No Camp May 27 (Memorial Day) or July 4

Parent/Guardian Information

Name _____

Name _____

Relationship _____

Relationship _____

Email _____

Email _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Applicant Confirmation

Have you read and do you understand the requirements and guidelines for the junior counselor program?

_____ Yes

_____ No

Applicant Questionnaire

What made you decide to apply to be a junior counselor?

Do you have any experience working with children? If so, please explain.

What hobbies or interests do you have?

What would you like to gain out of becoming a junior counselor?

What else would you like to tell the West Lafayette staff about yourself?

Please list the name and contact information for 2 professional references. Only use adults. Do not list relatives. Examples of potential references include teachers, family friends, coaches, group leaders, etc.

Name:	
Relationship:	
Phone:	
Email:	

Name:	
Relationship:	
Phone:	
Email:	

Applicant Agreement

My signature below certifies that I have filled out all information accurately and to the best of my ability. I understand that if I am selected as a junior counselor, I must abide by all program guidelines. My signature also means that if I am selected, I will do the best job that I possibly can to make sure that all campers have the best summer camp experience possible.

Applicant Signature

Date

Printed Name

Parent/Guardian Permission

I hereby give permission for _____ (applicant’s name) to participate in the West Lafayette Junior Counselor program and all related activities, field trips, and programs. I also certify that, to my knowledge, my child has filled out all information honestly and to the best of his/her ability. Finally, I understand the risk involved with such a program and will not hold the City of West Lafayette, West Lafayette Parks and Recreation Department, or the West Lafayette Board of Parks and Recreation, its staff and/or camp participants liable for any accident or injury resulting from my child’s participation in the program.

Parent or Guardian Signature

Date

Printed Name