

JUNIOR COUNSELOR (JC) APPLICATION

Mississippi National Guard Summer Youth Camp (Kids A.T.)

June 21-27, 2009
CAMP SHELBY
Hattiesburg, Mississippi

Must be submitted by May 8, 2008.

Date Submitted _____

Name: _____
Last First Middle

What name do you want on your name badge if selected? _____

Social Security Number _____ - _____ - _____

Address: _____ City _____ State _____ Zip _____

Home Phone: (____) _____ Email Address: _____

Age: (Must be 14-16) _____ Date of Birth: (Month/Day/Yr) ____/____/____ Sex: _____

Guard Member Information: _____
First Name Last Name

Rank: _____ SSN: _____ - _____ - _____ Relation to JC: _____

Guard Member's Unit: _____
Unit Name Unit Location - City

Mother's Name: _____
First Name Last Name

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Father's Name: _____
First Name Last Name

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

In case of emergency, whom should we contact? _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

Alternate contact, if person(s) listed above cannot be reached? _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

T-shirt size: (Adult) Small Medium Large Extra Large XX Large

Do you need T-shirts? YES NO

Have you ever attended KIDS AT?

YES NO

If yes, explain: _____

List your special skills that would help you qualify to be a Junior Counselor:

1. _____
2. _____
3. _____
4. _____

Why do you wish to be a Junior Counselor? _____

List the extracurricular activities in which you have been involved: _____

JUNIOR COUNSELOR Applicants MUST submit three (3) letters of reference/recommendation from individuals other than family members. Letters may be from pastor, teachers, counselor, etc. Without letters of reference/recommendation your application will not be accepted. You must submit letters even if you have been a junior counselor in previous years.

JUNIOR COUSELORS MUST:

All Junior Counselors **MUST** attend a Youth Leadership Skills Seminar and Orientation to be conducted at CAMP SHELBY on Sunday, June 21, 2009.

JUNIOR COUNSELORS **MUST** BE AVAILABLE FOR THE ENTIRE WEEK OF CAMP, June 21-27, 2009.

JUNIOR COUNSELORS **MUST** ABIDE BY ALL RULES AND REGULATIONS.

******* AFTER ARRIVAL AT CAMP SHELBY, JUNIOR COUNSELORS WILL NOT OPERATE A MOTOR VEHICLE. KEYS TO MOTOR VEHICLE AND CELL PHONE WILL BE TURNED IN AT THE OPERATIONS OFFICE UPON ARRIVAL AT CAMP SHELBY*******

Items **NOT** permitted at Camp are:

- | | | |
|-----------------------------------|---|----------------------------------|
| 1. Weapons | 7. Candles | 14. Jewelry |
| 2. TV, radios, ipods, MP3 players | 8. Pets | (earrings, watches, rings, etc.) |
| electronic games, | 9. Fireworks | |
| 3. Tobacco | 10. Food (including candy) and beverages | |
| 4. Alcohol | 11. Valuables (including expensive clothing & jewelry of all types) | |
| 5. Illegal drugs | 12. Water guns | |
| 6. Skateboards | 13. <u>Cell Phones</u> | |

JUNIOR COUNSELOR HEALTH RECORD

Name _____ Sex: _____ Date of Birth: ____/____/____
Last First MI

Address: _____ City: _____ State: _____ Zip: _____

Name of Parent or Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY TELEPHONE NUMBER(S): _____

⇒ **IMPORTANT: This form must be filled out completely, signed and returned to the State Family Program Youth Coordinator before May 8, 2009.**

HEALTH HISTORY: To be completed by parent or guardian. All questions MUST BE ANSWERED.

Is the applicant in good health? YES NO

Does applicant have ADD/ADHD? YES NO

If yes, (ADD or ADHD) is the applicant currently on medication? YES NO

If yes, what is the name of the medication? _____

Does the applicant suffer from allergies? YES NO

If yes, state type of allergies _____

Do the allergies require medication(s)? YES NO

If yes, state type of medication(s): _____

Name of current physician: _____ Phone: (____) _____ - _____

Address of current physician: _____

Does the applicant suffer from any illness, disease, or condition other than those listed above? YES NO

If yes, please indicate specific illness, disease or condition: _____

Is there any known physical disorder that might handicap the applicant while participating in the Summer Youth

Camp? YES NO

If yes, please list: _____

JUNIOR COUNSELORS WILL SET AN EXAMPLE OF HIGH MORALS AND EXEMPLARY BEHAVIOR AND WILL ASSIST IN ALL ACTIVITIES AND MOVEMENTS OF CAMPERS.

As a Junior Counselor, I agree to abide by all rules and regulations.

Applicant's Signature

Date

PARENTAL PERMISSION

My child has permission to serve as a Junior Counselor at the Mississippi National Guard Summer Youth Camp (Kids A.T.) June 21-27, 2009.

Parent's Signature

Date

My child has permission to drive to CAMP SHELBY and to return home in his/her personal vehicle with the understanding that his/her keys will be turned in to KIDS AT Operations upon arrival.

Parent's Signature

Date

Please return application, health record, parental permission (DA Form 5671-R) and 3 reference letters by May 8, 2009 to:

**MSNG Summer Youth Camp
ATTN: Mr. Allen Pope
Post Office Box 5027
Jackson, MS 39296-5027**

For further information, you may contact Mr. Allen Pope at 601-313-6765 or toll free at 1-888-288-4898.

PARENTAL PERMISSION

For use of this form, see AR 608-1; the proponent agency is DCSPER

I, _____, give my permission for _____
(Parent or guardian's full name) (Junior Counselor's full name)
to volunteer at Mississippi National Guard Summer Youth Camp Program, Camp Shelby, Hattiesburg, Mississippi
on June 21-27, 2009. I understand that these services are being performed as a volunteer and that he/she is not,
solely because of these services, an employee of the United States Government or any instrumentality thereof
(except for certain purposes relating to tort claims and workman's compensation coverage with regard to incidents
occurring during the performance of approved volunteer service) and will receive no present or future salary, wages,
or related benefits as payment for these volunteer services.

TYPED/PRINTED NAME OF PARENT OR GUARDIAN

SIGNATURE OF PARENT OR GUARDIAN

DATE

DA FORM 5671-R, DEC 87

Name Health Insurance Company: _____

Address of Health Insurance Company: _____

Policy number: _____

- **The Mississippi National Guard or the Family Program will not be responsible for medical bills incurred by the Junior Counselor.**
- **Junior Counselors must have health insurance in order to attend due to liability issues.**

APPROVAL OF PARENT(S) OR GUARDIAN(S)

I hereby voluntarily waive any claims against the Mississippi National Guard, the Mississippi Military Department, State of Mississippi or the United States of America for any cause of action which may arise in connection with the participation of _____ in the Mississippi National Guard Summer Youth Camp.

Date: _____ Signature: _____

MEDICAL TREATMENT PERMISSION STATEMENT

If my child _____ becomes ill or injured while attending
(Child's Name)
the Mississippi National Guard Summer Youth Camp, I grant permission on behalf of the child's family, for the Mississippi National Guard Summer Youth Camp Program to seek medical assistance as may be deemed necessary.

Signature - Parent or Guardian

Date

NOTE: Copy of "FRONT & BACK" of insurance card must be included with application. Failure to submit copies of insurance cards will cause applications to be denied and returned.

MEDIA RELEASE

My child, _____ may be interviewed and photographed by
(Child's Name)
members of the media, to include newspapers, TV, etc. I give permission for the media to use these interviews and photos in their coverage of the Summer Youth Camp.

Signature - Parent or Guardian

Date