



P.O. Box 1286, Rocky Point, NY 11778 | P 631.744.0207 | F 631.744.3565 | www.nsync.com

Junior Counselor Application Packet

North Shore Youth Council offers a Junior Counselor Program for those students that have completed 7th grade and have not yet reached 16 years of age. This program offers a positive alternative to our young people during the summer. As a volunteer with a local non-profit charitable agency, the time spent with us may be used to meet the requirements of community service hours for honor society, scouting, religious instruction, etc.

The Junior Counselor Program is designed to offer qualified young people an opportunity to prepare for positions as potential Senior Counselors in our summer recreation camp, Summer Buddies. Emphasis in this program is placed upon developing leadership skills, sensitivity to children, and program skills. Applicants must at least be entering 8th grade in September 2022. Applicants must possess a genuine interest in youth development and in working with younger children, and be willing to commit the required energy, enthusiasm, and cooperation in all aspects of the program. A positive and cooperative attitude and pleasant disposition are critical personal attributes for the position.

- The 2022 Summer Buddies Program will take place July 11 – August 12, 2022, Monday thru Friday from 9AM to 12PM. Summer Buddies will be held in two locations, at the Joseph A. Edgar School in Rocky Point and the Heritage Center & Park in Mount Sinai.
- You must return this application along with a record of immunizations.
- You must review the Camp Safety Plan 2022, which is available on our website.
- There will be a mandatory orientation and training on Thursday, July 7 at your respective program site (JAE or Heritage). Junior Counselors will attend from 11AM to 12PM and Senior Counselors will attend from 12:30PM to 1:30PM.
- Completed applications, along with a \$100 Junior Counselor Program registration fee, can be mailed or dropped off at our office in the portables on the grounds of the Joseph A. Edgar School. Checks can be made payable to North Shore Youth Council.



P.O. Box 1286, Rocky Point, NY 11778 | P 631.744.0207 | F 631.744.3565 | www.nsync.com

Junior Counselor Application

Name: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address (if different): _____
Phone: (home) _____ (work) _____ (cell) _____
Email Address: _____

Emergency Contacts (must be two individuals other than parent/guardian):

Emergency Contact Name #1: _____
Relationship: _____ Phone: _____
Emergency Contact Name #2: _____
Relationship: _____ Phone: _____

Have you participated in our program in the past? _____ When? _____
Have you been a Junior Counselor in our program before? _____ When? _____
Would you like to be put on our babysitter list for parents? [] Yes [] No
Indicate t-shirt size: Adult S _____ M _____ L _____ XL _____ XXL _____
Preferred Summer Buddies site: (*please note, site assignments cannot be guaranteed*) _____ Mount Sinai _____ Rocky Point

Tell us why you're interested in becoming a Junior Counselor: _____

Throughout the course of the summer, North Shore Youth Council takes photographs of the program for social media and public relations purposes. Please indicate your permission for us to take and publish pictures of your child.

- [] I **DO** give permission for publication of my child's picture.
[] I **DO NOT** give permission for publication of my child's picture.

I verify that the information on this form is true and correct to the best of my knowledge. I have reviewed NSYC's Camp Safety Plan 2022 and understand the COVID-19 safety measures and protocols. I acknowledge that guidance from New York State and the Department of Health is subject to change. If individual is under 18, parent/guardian must sign.

Parent/Guardian Signature: _____ Date: _____

Junior Counselor Signature: _____ Date: _____



P.O. Box 1286, Rocky Point, NY 11778 | P 631.744.0207 | F 631.744.3565 | www.nsync.com

Participant/Parent/Guardian Release

_____ has my permission to participate in all activities offered. If attempts to contact me are unsuccessful, I authorize and give my consent for any emergency medical, surgical or dental treatment for my child (listed above) anywhere/anytime should it be deemed advisable by a qualified medical Doctor or Dentist, and the prompt attention/treatment in an emergency. I authorize the North Shore Youth Council to take all necessary steps to ensure my child's health & safety in case of an emergency and to administer any needed medications.

In case of accident or injury I will not hold the North Shore Youth Council or its employees or volunteers responsible. I understand and assume all risks that may occur during my child's participation in these programs. I further acknowledge that North Shore Youth Council is not accountable for any injury/illness that may occur through no fault or negligence of their care, act of God, or communicable disease. I understand that should any injury occur to my child at the program, I will be responsible for all medical treatment and other costs through my medical insurance policy and/or personal finances.

Print Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



P.O. Box 1286, Rocky Point, NY 11778 | P 631.744.0207 | F 631.744.3565 | www.nsync.com

Camper/Counselor Health History Form

CAMPER/COUNSELOR INFORMATION:

Last Name: _____ First Name: _____ Home Phone: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Age: _____ Grade Entering: _____ [] Male [] Female

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1: _____ Cell Number: _____
Parent/Guardian #2: _____ Cell Number: _____

EMERGENCY CONTACT: Local person to be contacted if either parent/guardian cannot be reached.

Name: _____ Relation: _____
Phone Number: _____ Address: _____

HEALTHCARE PROVIDER:

Physician's Name: _____ Phone Number: _____
Physician's Address: _____

ALLERGIES (please list all):

Food Allergies: [] Yes [] No If yes, _____
Medication Allergies: [] Yes [] No If yes, _____
Other Allergies: [] Yes [] No If yes, _____
Do you/does your child require an epi-pen? [] Yes [] No *If yes, please enclose a copy of your physician's allergy plan.*
Are you/is your child allergic to trace content of any foods? [] Yes [] No If yes, _____
Are any of the above allergies severe or life threatening? [] Yes [] No If yes, _____
Describe allergic reaction and management of reaction: _____

MEDICATION:

Do you/does your child take any medication on a routine basis? [] Yes [] No
If yes, please list medications and reasons for taking: _____

GENERAL HEALTH HISTORY: Has/does your child or you:

| | Yes | No | | Yes | No |
|--|-----|-----|---------------------------|-----|-----|
| Had any recent injury, illness, or infectious disease? | [] | [] | Ever been stung by a bee? | [] | [] |
| Have a chronic or recurring illness or condition? | [] | [] | Ever had Measles? | [] | [] |
| Ever been hospitalized? | [] | [] | Ever had Mumps? | [] | [] |
| Ever had surgery? | [] | [] | Ever had seizures? | [] | [] |
| Ever had a head injury? | [] | [] | Have diabetes? | [] | [] |
| Have frequent headaches? | [] | [] | Have asthma? | [] | [] |
| Have frequent ear infections? | [] | [] | Ever had Chicken Pox? | [] | [] |

If yes, please explain. Please attach any copies of your physician's treatment/care plan(s): _____

Describe any health conditions requiring special considerations or restrictions of any kind. Provide any additional information about the camper's/counselor's behavior and physical, emotional, or mental health of which the camp should be aware.

IMMUNIZATION RECORD:

PLEASE PROVIDE AN UP-TO-DATE COPY OF YOUR/YOUR CHILD'S IMMUNIZATIONS FROM YOUR HEALTHCARE PROVIDER. THIS IS REQUIRED BY THE NEW YORK STATE DEPARTMENT OF HEALTH.

_____ *is free of any communicable or contagious disease and has no physical, mental, or other conditions which would limit normal participation in camp activities except as noted above. If individual is under 18, parent/guardian must sign.*

Parent/Guardian Signature: _____ Date: _____

Junior Counselor Signature: _____ Date: _____