



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

Senior Counselor Application Packet

North Shore Youth Council offers paid employment opportunities to local teens ages 16 and older who are interested in gaining valuable job and leadership experience working with elementary and middle school-aged children. Senior Counselors are positive role models and set a good example for all program participants, exhibit good judgment and character, are responsible and punctual, and ensure the health and safety of the children and volunteers they oversee. Interested applicants must be at least 16 years of age prior to the start of camp on July 11. 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.
- Completed applications can be mailed or dropped off at our office in the portables on the grounds of the Joseph A. Edgar School.
- Senior Counselor positions are filled based on enrollment and are not guaranteed. If a position is offered to you, you must provide a copy of your social security card and driver's license, or other photo identification. All employees under the age of 18 who have not yet graduated must provide their working papers.
- 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.
- By accepting a position, it is expected that you will not take any time off unless it is an emergency.



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Senior Counselor Application

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

Emergency Contact (must be an individual other than parent/guardian):

Emergency Contact Name: _____
Relationship: _____ Phone: _____

High School: _____ College: _____ Graduation Date: _____
Training, certifications, and/or special skills: _____

Work History – paid or volunteer (list company name, supervisor, phone, dates, and position held):

1. _____

2. _____

Please provide the names and phone numbers of two references (no relatives):

1. _____

2. _____

Have you worked at our Summer Buddies Program in the past? _____ When? _____

Do you have friends or relatives working for NSYC? _____

Whom, and in what capacity? _____

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

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: _____

Senior Counselor Signature: _____ Date: _____



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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: _____

Senior Counselor Signature: _____ Date: _____