

North Shore Youth Council

P.O. Box 1286, Rocky Point, NY 11778 - Phone: (631) 744-0207 - Fax: (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 6th. 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 2026 Summer Buddies Program will take place July 6th – August 7th, 2026, Monday thru Friday from 9 AM to 12 PM. 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.
- Completed applications can be mailed, emailed to summer@nsyc.com, 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 to any new/returning applicants. Interviews will take place the week of June 8th. Applications that are missing information and incomplete will not be accepted.*** 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 Wednesday, July 1st at your respective program site (JAE or Heritage). Senior Counselors will attend from 12:30 PM to 1:30 PM.

It is expected that if a job opportunity is offered to you, you will not take any time off unless it is an emergency. By accepting a position, you are making a commitment and it is expected that you will honor that commitment.

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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 that we have permission to contact (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. If individual is under 18, parent/guardian must sign.

Signature of Parent/Guardian: _____ Date: _____

Signature of Senior Counselor: _____ Date: _____

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Camper/Counselor Health History Form

To be completed by parent/guardian/counselor (if 18 years of age or older)

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.

I attest that all information provided to North Shore Youth Council is true and correct, and that _____ 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.

Signature of Parent/Guardian (if under the age of 18): _____ Date: _____

Signature of Senior Counselor: _____ Date: _____

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.

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Senior Counselor Work Expectations Agreement

As Senior Counselors, you are expected to perform daily tasks and follow a routine schedule while you are working in the Summer Buddies program. The work expectations of a Senior Counselor are as follows:

- Arrive at your site between 8:30 and 8:45 AM to prepare for the day.
- Sign in your campers and Junior Counselors, and keep an accurate daily count of all group members at all times.
- Follow a daily schedule of activities by period.
- Clean up each station after every period and make sure all group items are accounted for.
- Report any important information about your campers and/or Junior Counselors to your Directors, including injuries, incidents, etc.
- If you are given any company technology, including tablets or walkie talkies, you are responsible for them and must hand them in at the end of the day to your Director.
- Make sure all of your campers are accounted for and supervised during drop off and pick up to ensure the safety of all children during each transition.
- Keep all supplies clean and organized.
- Prepare to leave between 12:15 and 12:30 PM following post-camp meetings with your Directors.
- Come to camp prepared, enthusiastic, and dressed appropriately every day. You are a role model to the campers and counselors in your group.
- **Because Summer Buddies is a five-week long program, it is expected that you will not be taking time off for the duration of the program unless it is an emergency. This is a job commitment that all employees are expected to uphold.**

Should you have any questions regarding this agreement please feel free to contact our office

By signing below, you agree to the Senior Counselor Work Expectations Agreement and understand the rules and expectations of your role as a Senior Counselor in the Summer Buddies program should you be hired and accept a position.

Signature of Senior Counselor: _____ Date: _____