



P.O. Box 1286, Rocky Point, NY 11778 | P 631.744.0207 | F 631.744.3565 | [www.nsync.com](http://www.nsync.com)

## **Senior Counselor Application Packet**

- The 2021 Summer Buddies Program will take place July 12 – August 13, 2021, Monday thru Friday from 9AM to 12PM.
- Applicants must be at least 16 years of age prior to the start of camp on July 12.
- You must return this application along with a record of immunizations.
- You must review the Camp Safety Plan 2021, which is available on our website.
- There will be a mandatory orientation and training on Thursday, July 1. Junior Counselors will attend from 11AM to 12PM and Senior Counselors will attend from 12:30PM to 1:30PM.
- Completed applications can be mailed, faxed, 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 and you accept, 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.
- 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)* \_\_\_\_\_ Mt. 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 2021 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: \_\_\_\_\_