



1515
W. Bearss Avenue
Tampa, FL, 33613

Carrollwood Day School
JUNIOR Summer Camp Staff

Name: _____ Date: _____

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

Home Phone: (_____) _____ - _____ Cell: (_____) _____ - _____

Email: _____ Date of Birth: _____

M/F: _____ Current Grade: _____

Please list any past camp experience/s that you may have had working with younger children:

Dates: _____

Dates: _____

Dates: _____

Dates: _____

Please explain any relevant training, experience or skills that you possess that would contribute to your role as a Junior Summer Camp Staff member:

What do you hope to gain from the Junior Summer Camp Staff Position:

Give an example of a situation in which you had to take a leadership role. Describe the situation and the outcomes of your leadership:

Please select the weeks you are available:

Week 1: May 26 – May 29: _____

Week 2: June 1 – June 5: _____

Week 3: June 8 – June 12: _____

Week 4: June 15 – June 19: _____

Week 5: June 22 – June 26: _____

Week 6: July 6 – July 10: _____

Week 7: July 13 – July 17: _____

Week 8: July 20 – July 24: _____

Emergency Contact Name: _____ Phone: (_____) _____ - _____

Please return this form to Melissa Hill

Phone: 813-920-2288 Ext. 247

Carrollwood Day School

JUNIOR Summer Camp Staff Parental Permission Form

Jr. Staff First Name: _____ Jr. Staff Last Name: _____

At Carrollwood Day School (CDS), our Junior Summer Camp staff are minors which means that permission from a Legal Parent/Guardian is necessary in order to allow the participant to participate in the CDS Summer Camp Program.

Permission to participate and abide by code of conduct:

I am the parent/guardian of _____, now known as Participant, and hereby give my permission for Participant to participate in the CDS summer camp program as a Junior Counselor with the understanding that there will be a variety of activities and events associated with the camp's daily programs which will take place on or near the CDS Bearss Avenue campus, unless otherwise notified. I understand that Participant will be required to sign a Junior Counselor Code of Conduct Agreement and should any rules be broken, it is at the discretion of camp staff to release Participant from the camp, upon notification to the parent/legal guardian.

_____ Your Initials

Permission to photograph or film participant:

I grant permission to Carrollwood Day School to videotape, photograph or otherwise record Participant and to use such recordings in any media, on a perpetual basis, for non-commercial purposes.

_____ Your Initials

Parent/Guardian Signature

Date