



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: June 1 – June 5: \_\_\_\_\_  
Week 2: June 8 – June 12: \_\_\_\_\_  
Week 3: June 15 – June 19: \_\_\_\_\_  
Week 4: June 22 – June 26: \_\_\_\_\_

Week 5: July 6 – July 10: \_\_\_\_\_  
Week 6: July 13 – July 17: \_\_\_\_\_  
Week 7: 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