



Junior Counselor Application – 2018

Thank you for your interest in working as a Junior Counselor for the summer of 2018. Completing this application is your first step in the process of joining our Junior Counselor team. Accepted applicants will be asked to attend our Junior Counselor training on Saturday, April 14th. Completing an application is not a guarantee that you will be selected to work as a Junior Counselor.

- If selected to work as a Junior Counselor this summer, you will be guaranteed ONE session. You may be assigned an additional session depending on need and availability.
- Junior Counselors will be compensated \$135.00, before tax, for each session they work.

Junior Counselor Requirements:

- All applicants must complete and submit the Junior Counselor Application packet to be considered as a Junior Counselor candidate.
- Junior Counselors must be between 14-18 years of age. Eighteen year olds must be in high school, or graduating in the spring of 2018. A background check will be required for 18 year old Junior Counselors.
- **Junior Counselors must be alumni of the challenge/leadership programs, or alumni of Austin Sunshine Camps.**
- A guardian for each junior counselor must attend Guardian Orientation held on April 14th. This orientation is MANDATORY.
- Junior Counselors must complete and pass the online Food Handler’s Training.
- Junior Counselors must complete and pass the online Youth Protection Training.
- Qualify for the school free & reduce meals income guidelines

Max Monthly Income		
Household Size	/	Max Monthly Income (before TAXES)
2	/	\$2,504.00
3	/	\$3,149.00
4	/	\$3,793.00
5	/	\$4,437.00
6	/	\$5,082.00
7	/	\$5,726.00
8	/	\$6,371.00

For each additional family member add \$645

OR

- Qualify for the Supplemental Nutrition Assistance Program (SNAP)

Application Timeline:

- **March 14th, 2018**

Completed Junior Counselor Applications are due to Jenny Stucky. They can be emailed or faxed to: jenny@sunshinecamps.org or 512.472.8123. The Waiver form and Food Form **require original signatures** and must be **MAILED** to:

Austin Sunshine Camps

Attn: Jenny Stucky

P.O. Box 161270

Austin, TX 78716

- **March 31st, 2018**

Applicants will be notified if their applications have been accepted and they have been invited to attend the Junior Counselor training on April 14th, 2018.

- **April 14th, 2018**

Junior Counselor Training. This will be an all-day training at the Zilker Lodge.

- **THIS TRAINING IS MANDATORY FOR ALL JUNIOR COUNSELORS.**
- **THERE WILL BE NO MAKE-UP DATE**

- **April 14th, 2018**

Guardian Orientation. This will be in the morning at the Zilker Lodge. **MANDATORY FOR GUARDIANS TO ATTEND.**

- **April 23th, 2018**

If you pass the Junior Counselor training, the Session Selection Forms, Food Handler's Training, and Youth Protection Training are **ALL DUE April 23th, 2018.**

- **May 21th, 2018**

Junior Counselors will begin to be notified of their session schedules.

If you have questions about the application process, please contact Jenny Stucky by email at jenny@sunshinecamps.org or by phone at 512.472.8107.

Junior Counselor Application – 2018

Applications are due to Jenny Stucky no later than March 14th, 2018. Please email or fax them to jenny@sunshinecmaps.org or 512.472.8123.

Name: _____

Ethnicity:

Black/African American Hispanic/Latino American Indian Asian White Other

Age: _____ Date of Birth _____ Current Grade: _____ T-Shirt Size: _____

Phone where you can be reached: _____ This is a Cell or Home Phone (Circle One)

Other Phone Number: _____

Parent's Name: _____

Parent Phone Number: _____

Primary Language Spoken at Home: _____ Other Languages: _____

A large amount of correspondence will take place through email. Therefore, it is important you provide an updated and working email for the student and parent/guardian and check them regularly.

Student Email: _____

Parent/Guardian Email: _____

Have you worked as a Junior Counselor before? (Circle One) Y N

If Yes, When? _____

Have you attended Austin Sunshine Camps as a camper? (Circle One) Y N

If yes, How many years? _____

List the years you were a **CAMPER** (Example: 2012) _____

Can you swim? (Circle One) Y N

Are you comfortable in Water? (Circle One) Y N

Do you have any special dietary needs? (Circle One) Y N

If yes, please list them here:

YOU MUST LIST 2 EMERGENCY CONTACTS OTHER THAN THE PARENT(S) (GRANDMOTHER, UNCLE, AUNT, FRIEND, ETC):

Primary parents or guardians will be contacted first.

Name _____	Relationship to Junior Counselor _____
Primary Ph. # _____	Secondary/Work Ph. # _____

Name _____	Relationship to Junior Counselor _____
Primary Ph. # _____	Secondary/Work Ph. # _____

Please answer the following questions. You may attach additional sheets if necessary.

1. Why are you interested in working as a Junior Counselor this summer?

2. What skills or qualities do you possess that you feel make you a good fit for this position and why?

3. If you have worked as a Junior Counselor previously, what are some lessons you have learned that you would apply to working during summer 2017. If you have not previously worked as a Junior Counselor, please write 'N/A'.

Junior Counselors are vital to keeping our camp running smoothly! You will be asked to do a number of different tasks over the week of your assignment, and will need to work cooperatively with other Junior Counselors, Counselors, Camp Directors, and Campers! Please identify how you would handle the following scenarios:

4. You have been assigned to be the Junior Counselor in a bunk where the students are only one year younger than you are! What steps might you take to identify yourself as a leader and not a peer of the group? What are some behaviors you feel might be important to avoid when interacting with campers in order to keep your role clear?

5. What are some strategies you might use to maintain open communication with your other Junior Counselors on a daily basis? How can you help make sure the team works together to get all necessary daily tasks get completed?

6. It is normal to experience disagreements or conflict when working as part of a team. You notice that a member of your Junior Counselor team does not seem to be pulling their weight when it comes to completing daily required tasks. What actions might you take to address this issue?

7. You are on the way to the Counselor's Lounge. As you pass the craft room, you notice it is a MESS. What do you do?

8. Describe a time when you were part of a team. What role do you usually take? What do you believe is most important for making a team or group successful?

Wavier Form

PLEASE WRITE THE CHILD'S NAME IN THE APPROPRIATE SPACE.
A PARENT OR GUARDIAN MUST SIGN AND DATE BELOW.

My child, _____ (“Junior Counselor”) has my permission to attend the Austin YMBL Sunshine Camps, sponsored by the Young Men’s Business league of Austin (the “YMBL”). I understand that all drivers of vehicles have proper licensure and that all drivers will use reasonable precaution for the safety of the Junior Counselor. However, in case of accident, injury, or loss of life, I hereby release the YMBL, the Sunshine Camp (the “Camp”), the driver and their present, past and future agents, servants, employees, officers, directors and all persons in privity with them from any responsibility or liability for damage, injury, or death which might occur during the trip to and from camp or during camp.

I understand that while the Junior Counselor is at Camp he or she may take part in activities which are inherently dangerous. These activities include but are not limited to swimming, boating, and ropes course activities, hiking, and going on field trips. I hereby release the YMBL, the Camp, and their present, past, and future agents, servants, employees, officers, directors, and all persons in privity with them from any responsibility or liability for damage, injury, or death caused directly or indirectly by the negligence of the agents, employees, officers, directors and servants of the YMBL and/or the Camp.

I make the representations and give this release in return for the consideration to me and my child for attendance at the Austin YMBL Sunshine Camp, and I intend the release stated herein to be a full and complete release of any and all claims of any kind which I and my child (Junior Counselor), or our heirs or assigns, might have against those parties released, to the full extent allowed by applicable Texas Law.

I expressly allow the use of my child’s photographic image to support and promote the programs of the Austin YMBL Sunshine Camps. I authorize Camp consent to talk to my child and fill out a questionnaire about their experience and I understand that my child will not be identified by name in these materials.

The Austin Sunshine Camps have had a long standing policy prohibiting the possession of contraband by participants in the Austin Sunshine Camps programs by attendees to the Austin Sunshine Camps (collectively, “Campers”) while at the Austin Sunshine Camp facilities or while attending an Austin Sunshine Camp-sponsored event. The purpose of this policy is to protect the health, safety, and welfare of all Campers and staff of the Austin Sunshine Camps.

The policy specifically **prohibits the possession of contraband by Junior Counselors** at the Austin Sunshine Camp facilities or while attending an Austin Sunshine Camp-sponsored event. **“Contraband” includes but is not necessarily limited to any illegal items, weapons, alcohol, illegal drugs and drug paraphernalia, and prescription drugs for which an individual does not have proof of a prescription from a doctor that is provided by the individual’s parent or guardian.**

Effective immediately, to enforce this policy, **Austin Sunshine Camp staff reserves the right to conduct periodic, random, and routine searches of Junior Counselors’ belongings**, including but not limited to all backpacks, overnight bags, purses, and containers of any sort.

I hereby grant my authorization and consent to all Emergency Room Physicians, all Minor Emergency Center Physicians and their Medical Assistants, and personnel including Emergency Medical Service Personnel, to provide medical care, treatment, procedures or physician consultants deemed necessary by such physicians in order to insure the safety and health of the Junior Counselor. It is assumed that all first need care and first aid will have been administered by Camp personnel and employees to a level that does not exceed their training.

Signature: _____ Dated: _____

Relationship to Junior Counselor: _____

ALL BLANKS MUST BE COMPLETED BEFORE CHILD IS CONSIDERED TO BE A JUNIOR COUNSELOR

Food Form

Please complete the form below regardless of whether or not you currently receive SNAP, TANF, or FDPIR. If you have questions, call 512-472-8107

Attachment 10

**INCOME ELIGIBILITY FORM
FOR THE
SUMMER FOOD SERVICE PROGRAM
(For Use by Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to: **[Name of Sponsor]**

If you need help, call **[phone number of Sponsor]**

Follow these instructions, if your household gets SNAP TANF or FDPIR:

- Part 1:** List participant's name and a SNAP, TANF or FDPIR case number.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is NOT required.
Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

- Part 1:** Enter the child's name.
Part 2: Please contact us at **[phone number of Sponsor]**
Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.
Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.
Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1:** List each participant's name.
Part 2: Skip this part.
Part 3: Follow these instructions to report total household income from last month.
Column A—Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
Column B—Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.
In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).
In box 2, list the amount each person got last month from welfare, child support, alimony.
In box 3, list Social Security, pensions, and retirement.
In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
Column C—Check if no income: If the person does not have any income, check the box.
Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.
Part 5: Answer this question if you choose to.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

Part 1. Children enrolled in Camp or Closed Enrolled Sites.

Names (First, Middle Initial, Last)	SNAP, TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child
 Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact [name of Sponsor] at [phone number]. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children) <i>(Example) Jane Smith</i>	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)
 An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)
 I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.
 Sign here: X _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 Last four digits of Social Security Number: ____-____ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12
 Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year
 Household size: _____
 Categorical Eligibility: ___ Date Withdrawn: ___ Eligibility: Free ___ Reduced ___ Denied ___
 Reason: _____
 Temporary: Free ___ Reduced ___ Time Period: _____ (expires after ___ days)
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-up Official's Signature: _____ Date: _____

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by _____ (date)

2900 W. Anderson Ln.
Suite C-200 Box 311
Austin, TX 78757

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address:

Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____
Email: _____

Home Address:

(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____
Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. (Please describe below.)

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. (Please describe below.)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

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Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):

Parents/ Guardians you can enter the immunizations or attach a copy to the application.

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
 First Middle Last

Birth Date: _____
 Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (*) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis* (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, measles, rubella* (MMR)						
Polio* (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox) <input type="checkbox"/> Had chicken pox Date: _____						
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Cross out those the camper should not be given.

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guafenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

