

# EcoTarium Summer Discovery Camp 2017 Junior Counselor Application



**Please print and mail to: Teri Lynes, Coordinator of Volunteer Resources, EcoTarium, 222 Harrington Way, Worcester, MA 01604, or scan and email to: [volunteer@ecotarium.org](mailto:volunteer@ecotarium.org) by April 1<sup>st</sup>, 2017. Applications received after deadline will not be considered. Must be 15 years old by July 1<sup>st</sup> 2017.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ School: \_\_\_\_\_  
\_\_\_\_\_ Grade (Fall 2017): \_\_\_\_\_

Applicant Email: \_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

**Junior Counselor training days are June 29<sup>th</sup> (9am-5pm) and June 30<sup>th</sup> (9am-1pm). Attendance on both days is mandatory.** Those unable to attend will not be admitted to the program. Exceptions will be made only in the case of conflict with your regular school calendar.

**Junior Counselors *must* commit to two sessions, not including training dates.** Indicate the sessions for which you would like to apply. (You may apply for extra sessions if you'd like.)

\_\_\_\_\_ Session 1: July 3<sup>rd</sup> - 7<sup>th</sup> – Animal Treats & Training

\_\_\_\_\_ Session 2: July 10<sup>th</sup> – 14<sup>th</sup> – Outdoor Adventures

\_\_\_\_\_ Session 3: July 17<sup>th</sup> – 21<sup>st</sup> – Solve it with STEM

\_\_\_\_\_ Session 4: July 24<sup>th</sup> – 28<sup>th</sup> – Wild About Nature

\_\_\_\_\_ Session 5: July 31<sup>st</sup> – August 4<sup>th</sup> – Spies & Mysteries

\_\_\_\_\_ Session 6: August 7<sup>th</sup> – 11<sup>th</sup> – Creature Features

**Please submit a brief, mandatory, statement** on a separate sheet of paper with your application explaining your interest in the Junior Counselor position. What can you add to the camp community? What do you hope to gain from this experience? Please mention past camp experience and goals for the future. Incomplete applications will not be considered.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Printed name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed name: \_\_\_\_\_

*\*Medical forms and permission forms will be available online by January 31<sup>st</sup>, 2017 at [www.ecotarium.org/summercamp](http://www.ecotarium.org/summercamp) and must be submitted upon acceptance or before April 1<sup>st</sup>.*

**If you have questions, please contact Kate Banyas, Camp Director, at 508-929-2755, or [campdirector@ecotarium.org](mailto:campdirector@ecotarium.org)**