

Teen Leader Enrichment Program



Summer Camp
“Everyday Heroes”

2011

2011 Summer Camp Teen Leader Enrichment Program Application Information Sheet

Please read!

Registration and Payment

Once accepted in the program, you will need to register for the program at Southwest Complex or Highland Complex. The program name is Teen Leader Enrichment Program and the cost is **\$190.00** for residents and **\$237.50** for non-residents. A City of Largo recreation card is required. You have until **June 10th** to pay this in full.

Application

Applications must be filled out with sponsor forms by **March 11, 2011**. The number of applicants accepted into the program is limited. No applications will be taken after March 11, 2011.

Selection Process

All applicants will schedule a "hands on" interview during the week of spring break (**March 28 – April 1**) at either **Highland** or **Southwest Recreation Complex**. This "hands on" interview will put the applicant with the children to see their interaction and professionalism with the children.

Trainings

The teen leaders will be required to attend training with other camp staff on Saturday June 4, 2011. This training will include working with children, games, crafts, activities, and other aspects of the camp experience. Throughout the summer we will meet as a group once a week at our coordinating facilities. You will not need to provide transportation except to the normal drop off and pick up location of your assigned camp. Some of the topics covered are self esteem, character, team building, and work ethics. At the end of the summer you will be given a certificate of achievement that has the total number of hours you've volunteered as well as the names of the trainings you attended.

Camp Assignments

Camp assignments will first be based on the applicants last completed grade. In order to work with the two facility camps (Cool Kids 1 and Kid City 1) the applicants must have completed **8th grade or above**. For all other camps the applicants must have completed **6th grade or above**. All applicants will be notified by **April 22** of whether or not they have been selected for the program and which camp they were selected for.

Mandatory Parent Meeting

There will be a mandatory parent meeting on Wednesday, June 1st at 6:30 pm. This meeting will explain in detail the trainings and expectations of the program. The meeting will be held at the Southwest Recreation Complex.

If you have any further questions, please call Jennifer Fawcett or Jennifer McMahan at 518-3125.

Thank you for participating. We are looking forward to an excellent summer!

2011 Summer Camp Teen Leader Enrichment Program Application

First Name _____ Last Name _____

Address _____ Phone Number (____) _____

School _____ Completed Grade (2010-2011) _____ Age _____

What is the age of children you would prefer to work with? (Circle one)

4-6 6-8 8-10 10-12

Previous experience working with any age children:

Previous volunteer experience:

Do you have any planned vacations or outside commitments that would prevent you from volunteering Monday-Friday 9a.m.-4p.m.? Yes or No

If yes, what are they and when?

**PLEASE BE AWARE THAT A SPONSORSHIP PACKET MUST BE TURNED IN WITH
THIS APPLICATION FOR IT TO BE ACCEPTED.**

By signing this application you are stating that the above is true and correct to the best of your knowledge. You understand that this program is based on positive performance in the capacity of a City of Largo Teen Leader.

I do assume all risks and hazards incidental to participation in programs and activities of the City of Largo, and do hereby waive, release, absolve and agree to hold harmless the organizer, instructor, sponsors, participants, and the City of Largo or any of its representatives for any claim arising out of any injury in connection therewith.

Signature of Applicant

Parent/Guardian Signature

Interests Form

Favorites

Color: _____
Food: _____
Song: _____
Book: _____
Person: _____
Movie: _____
TV Show: _____
Place: _____
Subject: _____
Actor: _____
Actress: _____
Musician: _____
Sport's Team: _____

Praise

How do you like to be recognized:

What is the thing about you that you are the most proud of?

Q and A

If you had to be shipwrecked on a deserted island, but all your human needs- such as food and water- were taken care of, what 2 items would you want to have with you?

List 3 words to describe you?

If you could trade places with any other person for a week, famous or not famous, living or dead, real or fictional, with whom would you trade?

Do you have any brothers or sisters? If so, how many?

TEEN LEADER EMERGENCY FORM

Last Name _____	First name _____
Street Address _____	City _____ Zip _____
Home phone _____	Cell _____
Birthdate _____ Sex _____	Age _____
Email: _____	

Mother's Name _____ Home phone _____
Address (if different) _____
Place of Employment _____
Phone _____ Pager/Cell _____

Father's Name _____ Home phone _____
Address (if different) _____
Place of Employment _____
Phone _____ Pager/Cell _____

In case of emergency, parent will be notified first. Persons listed below will be contacted in case of emergency if parent cannot be reached.

Name _____ Relationship _____
Home phone _____ Pager/Cell _____

Name _____ Relationship _____
Home phone _____ Pager/Cell _____

Anyone not permitted to pick up (copy of restraining order required if parent)

Name _____ Address _____
Phone _____ Relationship _____

Physician/Health Resource _____
Address _____ Phone _____
Hospital preference _____
Medications (must have form if taken on site) _____

Medical Conditions/Allergies _____

Other _____

Parent/Guardian Signature

Date

Reference Form

Applicant's Name _____

In what capacity do you know the applicant?

How long have you known the applicant?

Has the applicant ever done any tasks for you? If so, how was their work ethic?

Would you trust this person with your child? Why?

Overall, what kind of personality traits does this applicant possess that would make them an excellent teen leader?

*This reference form must be completed by someone other than a family member of the applicant.

Thank you for your time in completing this reference.

Your name _____

Your phone number _____

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EMERGENCY MEDICAL RELEASE

Please Print Information

Child's Full Name: Birthdate:

Allergies:

Medicines Routinely Taken:

Name of Custodial Parent(s)/Legal Guardian(s):

Address: Street Address (number, apartment #, street) City State Zip Code

Home Telephone Cell Telephone Work Telephone

Home Telephone Cell Telephone Work Telephone

Family Physician's Name/Health Care Resource:

Address: Street Address (number, apartment #, street) City State Zip Code

Telephone (-)

Hospital Preference: Name City

Medical Insurance Company:

Policy #: Expiration Date:

Emergency Contact (if custodial parent/guardian cannot be reached):

Address: Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone Cell Telephone Work Telephone

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child (Child's Full Name), in the event of an emergency at which time

I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF

The foregoing instrument was acknowledged before me on (Month) (Day) 20 (Year)

by (Name of Affiant), who is personally known to me or who has produced (Type of Identification) as identification. SEAL OF NOTARY

Signed: (Signature of Notary)