



DATE RECEIVED: \_\_\_\_\_  
OFFICE USE ONLY

# 2020 JUNIOR COUNSELOR APPLICATION

Thank you for interest in volunteering your time as a Junior Counselor for Camp Humane.

Please complete the entire application.

Applicants may be interviewed and space is on a first come / first serve basis.

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ Tshirt Size: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Grade Attending in the Fall of 2020: \_\_\_\_\_ School: \_\_\_\_\_

Please provide the names and contact information for two references who are not relatives and who are 18 years old or older.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### PLEASE X THE SESSION YOU ARE WISHING TO WORK.

July 13 – July 17  
Grades 3 & 4  
Full Day: 9AM to 3PM

July 20 – July 24  
Grades 4 & 5  
Full Day: 9AM to 3PM

August 10 – August 14  
Grades 4 & 5  
Full Day: 9AM to 3PM

July 27 – July 31  
Grade 5 & 6  
Full Day: 9AM to 3PM

August 17 – August 21  
Grades 5 & 6  
Full Day: 9AM to 3PM

1. Why do you want to be a camp counselor? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Please describe any experience you have working with or caring for children. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Please describe any experience you have working with or caring for animals. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEDICAL HISTORY OF JUNIOR COUNSELOR

Please contact the Camp Director if your child has any physical conditions, needs, or limitations so that we may accommodate him/her. Please check either YES or NO for each of these questions.

Chronic or recurring illness/condition?	Y	N	Diabetes?	Y	N
Recent injury, illness, or infection?	Y	N	Seizures?	Y	N
Allergies?	Y	N	Eating disorder?	Y	N
Frequent headaches?	Y	N	Asthma?	Y	N
Frequent stomach aches?	Y	N	Needs a school aide?	Y	N
Frequent bloody noses?	Y	N	Treated for ADD or ADHD?	Y	N

Explain any YES answers, noting the number of the question:

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List any medication your child will be taking during camp hours. Berkshire Humane Society is **NOT** responsible for lost medications and cannot keep any medications overnight. We cannot legally administer medication; your child **MUST** assume this responsibility.

Medicine: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Medicine: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time of Day: \_\_\_\_\_

*ALL MEDICAL INFORMATION IS FOR EMERGENCY USE ONLY.*

## EMERGENCY CONTACT

Please indicate the first person to contact in an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

## AUTHORIZATION FOR MEDICAL TREATMENT

As a condition of my child's as a Junior Counselor in Camp Humane at Berkshire Humane Society (BHS), in order that my child may receive the necessary medical treatment in the event of an emergency whereby he/she may sustain injury or illness during participation in the activity, I authorize any BHS official to consent to and obtain necessary treatment or hospital care for such an injury or illness during the camp and I hereby release, discharge, indemnify and agree to hold BHS, its successor, assigns, and other legal representatives, and its trustees, officers, employees, agents or servants harmless in the exercise of its authority. I further hereby acknowledge that neither BHS, nor any of the persons named above, have any obligation to seek such treatment.

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

## **JUNIOR COUNSELOR PARTICIPATION AGREEMENT**

Please read carefully before signing.

I, the Parent/Guardian, acknowledge that I voluntarily and willingly permit my child to participate in Camp Humane at Berkshire Humane Society as a Junior Counselor.

I fully understand and acknowledge that certain elements of Camp Humane may be potentially hazardous for my child and that he/she may face the risk of accidental and or/other injury. These risks include, but are not limited to, falls and collisions with other persons; animal bites and scratches; and travel to and from field trips. I understand and assume any and all risks associated with my child's participation in Camp Humane.

I attest that my child is sufficiently physically and emotionally fit to participate in all Camp Humane activities.

I do hereby affirm that I have adequate medical insurance to cover any injuries to my child that may result from his/her participation in Camp Humane. I understand that no insurance coverage may exist through Berkshire Humane Society to cover any claims that may arise out of my child's participation in Camp Humane.

I, for myself and my personal representatives, heirs, and assigns, do hereby hold harmless and release, waive, and forever discharge Berkshire Humane Society, its successors, assigns, and other legal representatives, and its officers, trustees, agents, employees, and students from, and against any and all claims, demands, and actions, or causes of action, on account of any damage to my child's personal property, personal injury, or death which may result from his/her participation in Camp Humane, even though the claim or liability may arise out of the negligence or carelessness on the part of Berkshire Humane Society, or any third person, whether foreseen or unforeseen, known or unknown.

I hereby expressly agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the State of Massachusetts, and that if any portion hereof is held invalid, it is agreed that the balance, notwithstanding, continues in full legal force and effect.

**I further state that I have carefully read the foregoing release and waiver of liability, know the contents thereof, and agree to sign this release and waiver of liability as my own free act and deed.**

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Parent/Guardian's Printed Name

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Parent/Guardian's Signature

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Date

**MEDIA RELEASE**

Berkshire Humane Society (BHS) uses images and sounds of children, presenters, and staff participating in programs as a way of documenting the fun and educational experiences they have while attending Camp Humane. BHS will identify your child by first name and session only, unless you give specific written permission to do otherwise. Please read and sign the following statement if you accept this disclosure:

In consideration of the above, I, the Parent/Guardian of the participating camper, hereby consent to BHS photographing, filming, and audio visual taping of my child. This media may appear in BHS's websites, advertisements, and promotional or informational materials including but not limited to newsletters, brochures, advertisements, and newspaper articles. I also waive rights to any compensation for these images or sounds of my child.

**FIELD TRIP RELEASE**

Berkshire Humane Society (BHS) will bring campers off site to alternate educational locations. Campers will be traveling on school buses equipped with seat belts by professional drivers. Please read and sign the following statement if you accept this disclosure:

I, the Parent/Guardian of the camper, have read, understood, and agreed to allow participation in off-site field trips and their transportation.

**I have read and understood the above Media Release and Field Trip Release and agree to its term and conditions.**

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date