

Junior Counselor Program 2015

Ages 13-15 Earn 32-40 volunteer hours!

The Junior Counselor program (formally Leader in Training) at the Hamilton/Burlington SPCA runs for the week of March Break camp and every week of Summer camp. All youth receive on-site orientation to the SPCA as well as specific camp orientation and roles and responsibilities. They will then support our camp counselors during one week of camp while under the supervision of an experienced camp counselor and camp supervisor. The Junior Counselor program and volunteer hours are both a great way to build a resume.

Youth can earn up to 40 volunteer hours during a week of camp. Please note that there are two 4 day summer camp weeks because of holidays where youth will earn up to 32 hours. Certificates are handed out at the end of each week to verify hours. Each youth evaluated by the camp supervisor, with the help of the camp counselor to whom they were assigned.

Youth are given responsibilities within the camp, helping out the counselors, the children, and the animals. Their commitment to these responsibilities is extremely important to the overall success of camp. We are looking for young people that are enthusiastic, committed, helpful, eager to learn, respectful towards others and ready to make camp a great experience for the kids. Youth are included on camp trips during the summer.

PLEASE NOTE:

- Youth are required to participate in a short telephone interview before being selected to participate in the Junior Counselor Program. You will be contacted shortly after submitting your registration.
- March Break Camp: 5 youth will be selected
- Summer Camp: 5 youth will be selected per week of camp

Ages: 13-15 years old

Cost: \$90 per week for 5 days weeks. \$72 per week for 4 day weeks. *YOUTH CAN ONLY REGISTER FOR 1 WEEK*

Application cannot be accepted without payment. Cost covers the orientation and supervision. The volunteer hours begin on the first day of camp.

Orientation: These are <u>mandatory</u> orientation dates. There are no exceptions. Missed dates will mean that you are out of the program with no refund. Please note them on your calendar. Junior Counselors that sign up for a week of March Break and a week of summer camp must come to both orientation sessions.

March Break: Saturday, March 7, 2015 - 12:00pm-4:00pm

Summer Camp: Saturday, June 27, 2015 - 12:00pm-4:00pm

Hours: Monday to Friday: 8:00 a.m. - 5:00 p.m.



Your complete commitment is required for the time you will be in the Junior Counselor program. Please note the orientation session and the week that you registered for. Missing days, late arrivals, or early departures will jeopardize your acceptance or ongoing participation in the Junior Counselor program. There are no make-ups possible for missed orientation.

There are several ways to return your registration form

	Email	Fox	Mail	In Person
Registration forms	Scanned form to	905 574-9087	245 Dartnall Rd.	Humane Educators office or Administration
cannot be accepted	tcelik-sonne@hbspca.com	(Write credit card	Hamilton, ON	Admin hours: M-F 9-4
without payment.	'	Number on form)	L8W 3V9	SPCA hours: M-T 12-5, W-F 12-7:30
				Sat 10-5 & Sun 12-4

If you have questions please contact Humane Education at 905 574-7722 ext 326 OR email tcelik-sonne@hbspca.com

Hamilton/Burlington SPCA Junior Counselor Program Information

Role Model

- Active Participant: Youth are expected to participate in all activities as a support to their counselor and individual campers in their group. All
 campers should feel included in programming and be encouraged by their Junior Counselor to have fun with each program opportunity. Junior
 Counselors will also be responsible for both the preparation and clean up of activities.
- Positive Attitude: Junior Counselors must be enthusiastic and approach all activities with a positive attitude; our goal is to engage campers
 and ensure their camp experience is a good one. The HBSPCA encourages respect to each other, all animals and the environment. It is important
 to show respect for the property and camp supplies.
- Dress Code: Junior Counselors must be dressed in clothing suitable for an active day that will be spent in and out-of-doors working and
 playing with children. Junior Counselors should wear clothing practical to a camp environment and be ready for potential shifts of weather. All
 Junior Counselors must wear closed toed, rubber-soled foot wear and their volunteer shirt. Casual pants; shorts (not more than 2 inches above
 the knee) or capris are all acceptable. No jeans, sweat pants, leggings with rips are allowed.

Professional

- Punctual & Prepared: As members of our camp team, Junior Counselors are expected to be punctual & prepared. The team needs to know
 that they can count on each member so being 'on time' and 'ready-to-go' for all activities will keep the day flowing smoothly.
- Responsible: Junior Counselors will have many responsibilities throughout a camp week, so it is important for each team member to stay on
 top of their tasks. Mistakes will happen and we will all learn from our errors. Each team member is expected to take responsibility for their
 errors and seek support/guidance in finding a solution to mend the situation or to prevent the same error from occurring again.

Allergies

- The Hamilton/Burlington SPCA includes guest speakers and animals as part of its camp programming. Prior to registering for the Counselor in Training Program, consideration should be given to:
 - O Do you have any allergies to certain types of animals?
 - Do you have asthma triggered by certain types of animals?
 - Are you fearful of certain types of animals?
 - Are there religious beliefs that may impact on the presence of an animal?

Lunch and Snacks

You will need a lunch, two snacks, and a minimum of three drinks. PLEASE NOTE ALL LUNCHES AND SNACKS MUST BE NUT FREE.

Other than your receipt of payment you will not receive any further reminders about your dates. correct days. **	Please make a note of them so that you arrive on the
My orientation date(s):	

C:\Users\celik-sonne\AppData\Loca\Microsoft\Windows\Temporary Internet Files\Content.Outlook\VIVA8F7C\Unior Counselor Program registration sheets for camp-2015.doc

My camp week date(s): ____





Junior Counselor Program Registration Form 2015

Youth Name:	P	arent/Guardian na	ıme:				
Date of Birth (mm/dd/yy) :				Age:	Gender:		
Address:	(6:)			/D .			
(Street / Apartment)	(City)				al Code)		
Phone Number: Po	ırent Email: _						
May we contact you about future programs/events?	YES	NO					
Emergency number:		Relationship:					
Do you have any pets at home? Please Specify:							_
LIT camp weeks: Please choose 1 or 2 we	eks.						
March Break 2015						Plea	se Turn Over →
☐ March 16 th — March 20 th Summer Camp 2015			_		07# 11 07#		
□ Week 1— July 6 th — July 10 th			0	•	· 27 th — July 31 st ust 4 th -7 th (4 day v	veek)(\$3	<i>17</i>)
☐ Week 2 — July 13 th — July 17 th			٥	·	ust 10 th — August 1		
☐ Week 3 — July 20 th — July 24 th			0	-	ust 17 th — August 21		
Medical Information: Please write any allergies, medical information, mainstructions, times and/or amounts.	edication, di	sabilities or anyth	ning you feel v	ve need to knov	v about to keep you	ur child o	ıs safe as possible. If applicable, write
Payment calculation: Refunds: A \$25 administration fee will be charged for be issued for shifts missed for any reason including illn		om the program u	p to 2 weeks l	pefore your orier	ntation date. After th	is time r	no refund will be issued. No refunds will
Number of Weeks			Х	\$90.00	_ X \$72.00		\$
Donation to help a youth in financial need join to over \$10 receive a tax receipt)	he program	(donations	□ \$10 □ Other o	Imount \$			\$
					Ţ	OTAL:	\$
Payment Info: Please check the appropriate boxes: A receipt w Cash □ Debit □ Credit Card:		d out to you co Master Card □	0,	•	ı.		
Credit Card Number:			Expi	y Date (mm/	/y):		
Office use only: Date paid	Inputted by	r:	Re	ceipt#:			

Liability Waiver:

as part of this program that my	permission for my child to attend an child will be in direct contact with a SPCA of any liability from any incid	nimals. I agree tha	at my child					
					Signature	e of Parent / Guardian		
	IOT (please circle one) give perm future LIT and camp flyers. I also give						ıse ii	
					Signatur	re of Parent /Guardian		
Program shirt: All members reco	eive a shirt with their program fees.	Extra shirts can be	purchased	for \$20.				
Small 🗖	Medium 🗖	Large		[Extra Large			
Orientation: I understand that there is a or there is no possibility of a ma	ientation session(s) as well my c ke up. Please initial below.	amp week(s). I i	understand	I that there will	l be no ren	ninder about the orientation date	anc	
March Break orientat	ion session Saturday March 7th 12:0	0- 4:00 pm				Initials:		
Summer camp orient	ation session: Saturday June 27th 12	2:00- 4:00 pm		Initials:				
Counselors should wear clothing	must be dressed in clothing suitable practical to a camp environment ar t. Casual pants, Jeans without rips, t	nd be ready for pot	ential shift	s of weather. A	All Junior Co	ounselors must wear closed toed, ru	ıbbe	
I have read and will conform t	to the camp dress code stated abo	ove Initials:						
How did you find out abou	ut the Junior Counselor Progr	am?						
	Word of Mouth □ Cable 14/CHCH □	Previou Newspaper 🗖	s SPCA Pr	ogram 🗖 🛝 \ Facebook 🗅		CA 🗆 Other 🗖		
Applicant Questions:								
Have you been involved with the	SPCA before?					_		
If yes please list the programs ar	nd dates							
Please list any previous experien	ce working with children.							
Why do you want to be an LIT a	t the SPCA? What are you hoping to	get out of this exp	erience?					
	, , ,							

HEALTH INFORMATION:

Please list any Special activities:	al Needs y	our child may	nave (physical,	health, de	evelopmental	, behaviora	or emotiona	l) that may	affect their	r ability t	to participa	te in cam _l
Please list any allergie												
Health Card Number	er:											
Does your child ha	ıve:											
A medical alert?	YES	_ NO										
Cardiac Condition?	YES	NO										
Epi-Pen?	YES	_ NO										
I authorize the me								tion by st	aff of the i	HBSPCA	A there mo	ıy be
DATE:					_ SIGNA	TURE:						
Physician's Name: _												
Physician's Phone N	umber:											