



## Junior Assistant/Junior Counselor Program Application

Thank you for your interest in participating as a Junior Assistant at Whispering Trails. In a nutshell – we want our Junior Assistants to be dependable, energetic and positive role models, who are willing to work hard while having a great time! If we've just described you, and you are the 15-17 year old sibling of someone with Williams syndrome, please read on. If selected, you will help our program assistants oversee campers between the ages of 6 and 12. Your participation will help prepare you for a future position as a counselor at the WSA's Music & Enrichment Camp. Most importantly, you will have the chance to make a difference in the life of a child with Williams syndrome.

### Fees:

There is no fee for the Junior Program, other than your willingness to learn, and to do your best while at camp. And of course, we hope that in the future you will want to come back as a counselor at the WSA teen camp. There has always been "something special" about our sibling counselors, and we hope to have more of them through this program.

### Camp Dates:

Sunday July 24 – Thursday, July 28

Saturday, July 30 – Saturday, August 6

### How Do I apply to be a Junior Assistant/Counselor?

Complete the attached application and mail with three letters of reference (non-family members only). A form for the letters of reference is attached for your convenience. Return all documents to:

WSA Junior Assistant Program

570 Kirts Blvd. #223

Troy, MI 48084

1-800-806-1871 Toll Free

248-244-2229 Local



# Application



## Please check the camp you are interested in attending

- Therapeutic Camp Experience  
July 24 – July 28, 2016  
Sunday-Thursday  
(Camper ages 6-12 yrs.)

- Music & Enrichment Camp  
July 30 – August 6, 2016  
Saturday - Saturday  
(Camper ages 13-20 yrs.)  
Jr. Counselors will work with ages 13-14 yrs

Full Name \_\_\_\_\_

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender:  Male  Female Grade: \_\_\_\_\_ School: \_\_\_\_\_

Contact Email: \_\_\_\_\_

T-shirt Size (circle one) Adult: S M L XL XXL

## Dietary

No Restrictions  Vegetarian  Vegan  Gluten Free

I have a very restrictive diet and will supplement existing meals with my own, labeled meals.

I am allergic to certain foods: \_\_\_\_\_

<b>Parent/Caregiver One:</b> <span style="float: right;">D</span>	<b>Parent/Caregiver Two:</b> <span style="float: right;">D</span>
Name _____	Name _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____
Relation _____	Relation _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
County _____	County _____
<b>Emergency Contact</b>	
Name _____	Relationship _____
Home Phone _____	Work Phone _____
Cell Phone _____	

## Medical Information:

Health Insurance Provider: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please send proof of physical exam within last 2 years.

**Applicant Questions** Be thorough in your answers:

1. Please describe what interests you most about the Junior Assistant/Counselor Program. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. What previous camp experience, or experience working with children, do you have? (especially working with those with special needs) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What activities or experiences have you been involved in, which would reflect that you are a person of good character?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please list your interests, hobbies, awards, leadership experiences, or organizations in which you belong that you feel may benefit you in performing as a WSA camp assistant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. During this past school year, choose one person who has influenced you in a positive way and tell us why/how:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. In addition to "hanging out" with your sibling with WS, do you have any experience with individuals with Williams syndrome? Please Describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What do you think will be the most challenging aspect of this program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What skills do you hope to attain as a result of your participation in the Program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What qualities make a good leader? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. How do you define teamwork? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. When you get overwhelmed with school or life, what three things help you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Please list other information you would like us to have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Verification and Release

I recognize that the WSA is relying on the accuracy of the information contained herein. Accordingly, the above information is true and correct to the best of my knowledge.

I agree, to the best of my ability, to abide by all the policies and procedures of the organization, and to help staff I assist to protect the health and safety of the children or youth in my group at all times.

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

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

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

Parent/Guardian Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Confidentiality Statement

As a Junior Assistant for the WSA camps, I understand that confidential interactions and experiences with campers & their families will occur. Any information I obtain from the camp experience is to be considered highly confidential. The use of such information is subject to normal standards of medical confidentiality. No identifying information about campers is to be revealed in subsequent discussion or writing about the camp experience. General information should not be shared other than for purposes of formal camp evaluation or professional growth.

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

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

Liability Waiver

As a Junior Assistant to the WSA Camps, held on the property of Indian Trails Camp (ITC), I hereby agree to waive any claim for liability against WSA, Inc. or ITC due to any injury associated with any camp activities. The undersigned is aware of potential risks and agrees that this waiver applies to: traveling to and from camp, attending the camp, and participating in any camp programs and events.

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

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

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

Parent/Legal Guardian Agreement – Williams Syndrome Association

Please read this document carefully and sign below

Consent to Attend & Participate

I hereby give consent for my child (ward) to attend and participate in all programs and activities of Whispering Trails Camps, a program of the Williams Syndrome Association, Inc. (WSA). I understand that my child (ward) will participate in an outdoor recreation program which may encompass activities including, but not limited to, ropes course, archery, hiking, swimming and outdoor games, and I understand and acknowledge that while the agents, servants, employees and/or volunteers may have received training on safety techniques, there are nevertheless risks associated with, and inherent in, my child's (ward's) participation in the Camp's outdoor recreation program and other Camp programs and activities. I voluntarily choose to assume these risks and allow my child (ward) to attend camp and participate in all Camp programs and activities. I further consent to the Camp taking pictures, audio tapes and/or video tapes of my child (ward) participating in Camp activities and programs and the Camp's use of same in camp publications or publicity that is in the proper interest of the Camp.

Release, Hold Harmless & Indemnity Agreement

I agree to defend, indemnify and hold harmless the Camp, WSA and its Regents, directors, members, officers, agents, and employees harmless from and against all claims, accidents, losses, demands, suits, judgments, liens, expenses, costs, damages, court costs, and attorney fees arising out of this Agreement and my child's (ward's) participation in the Camp.

Authorization for Care

I hereby grant permission to, and request and authorize all physicians, nurses, and hospitals and their authorized employees and designees to perform routine diagnostic procedures and render medical care deemed necessary for my child (ward).

Financial Responsibility

I acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of my child (ward) for any illness or injury that he or she may sustain during Camp.

Authorization to Release Information

I authorize the Camp to furnish from my child's (ward's) medical records, such information as may be requested by representatives of local, state, or federal agencies, insurance companies, or other organizations for the purpose of obtaining payment for services provided to my child (ward) or as may be required for payment of benefits or claims.

Personal Property

I understand that the Camp in no way covenants the condition of any personal article or item of property upon the conclusion of any camp session and that unnecessary valuables are not to be brought to camp.

Camper's Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Thanks for your time in completing this information!



## Whispering Trails Camp – Junior Assistant/Counselor Recommendation Form

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Date: \_\_\_\_\_

This individual has applied for a Junior Assistant/Counselor position (working with children with Williams syndrome, ages 6-14 yrs.) at Whispering Trails Camp, a residential summer camp Grand Rapids, MI. We greatly appreciate your honest evaluation of the applicant.

1. How are you associated with the applicant? \_\_\_\_\_  
\_\_\_\_\_
2. What do you think are the strengths of the applicant? \_\_\_\_\_  
\_\_\_\_\_
3. What do you think might be challenges for the applicant in this position? \_\_\_\_\_  
\_\_\_\_\_
4. Would you feel comfortable leaving your child in the direct care and/or influence of the applicant?  
Yes No Why? \_\_\_\_\_  
\_\_\_\_\_

	L					H	Comments
Positive Attitude	1	2	3	4	5	6	
Enthusiasm	1	2	3	4	5	6	
Responsibility	1	2	3	4	5	6	
Initiative	1	2	3	4	5	6	
Teamwork	1	2	3	4	5	6	
Character	1	2	3	4	5	6	
Relating to Children	1	2	3	4	5	6	
Social Skills	1	2	3	4	5	6	

Additional comments:

Thank you for your time in completing this document.  
 Williams Syndrome Association, Inc.  
 570 Kirts Blvd. #223  
 Troy, MI 48084