Community House STEAM Summer Camp

Standing with families since 1969

EXPLORING SCIENCE & ART THROUGH YOUR ENVIRONMENT

2018 Community House STEAM Summer Camp
Junior Counselor Application

A free science and arts exploration camp open to underrepresented (students of color, first generation college, low income) middle school students. Developed and facilitated by Princeton University graduate students, undergraduates and alumni volunteers.

Students in grades 9-12 are invited to apply to serve as Junior Counselors with the Community House STEAM Summer Program. Junior Counselors work closely with Lead STEAM Camp Counselors to help deliver camp lessons and support camp logistics. Junior Counselors will learn about curriculum development, best practices in facilitation, and hone their leadership skills. Each week will consist of sessions devoted to the science and math curriculum. Those interested in serving as Junior Counselors must submit a completed application and have an interview with Community House Staff. Because of the high volume of interest in this role, we are not able to offer positions to all interested applicants.

APPLICATIONS FOR THE JUNIOR COUNSELOR POSITION DUE BY FRIDAY, MAY 4, 2018. CANDIDATES WILL BE INVITED TO INTERVIEW IN EARLY MAY. COMPLETED APPLICATIONS CAN BE RETURNED TO COMMUNITY HOUSE DIRECTLY OR SUBMITTED VIA EMAIL, MAIL, OR FAX.

CONTACT COMMUNITY HOUSE:
58 PROSPECT AVE, PRINCETON, NJ
EMAIL: HOUSE@PRINCETON.EDU
PHONE: 609-258-6136
FAX: 609-258-9070

PLEASE CHECK EACH WEEK THAT YOUR STUDENT IS INTERESTED IN SERVING AS A JUNIOR COUNSELOR. STUDENTS ARE REQUIRED TO COMMIT TO EACH WEEK IN ITS ENTIRETY.

- Thursday, July 05 – Friday, July 06, 9:00 am – 4:00 pm
  STEAM CAMP 101

- Monday, July 09 – Friday, July 13, 9:00 am – 4:00 pm
  AN EXPLORATION IN BIOLOGY & PERFORMING ARTS

- Monday, July 16 – Friday, July 20, 9:00 am – 4:00 pm
  AN EXPLORATION IN CHEMISTRY & CREATIVE WRITING

- Monday, July 23 – Friday, July 27, 9:00 am – 4:00 pm
  AN EXPLORATION IN ENVIRONMENTAL SCIENCE & MEDIA ARTS

- Monday, July 30 – Friday, August 03, 9:00 am – 4:00 pm
  AN EXPLORATION IN ARCHITECTURE/ENGINEERING & VISUAL ART
Applicant Information
All Fields Must Be Completed.

Student Information:
First Name: ___________________________________ Last Name:____________________________________
Age:_________ Date of Birth:___________________ Gender:_____________________________________
School: _________________________________________ Grade:__________________________________
Home phone:_________________________________ Cell Phone: ________________________________
Home Address:______________________________________________________________________________

Parent/Guardian Information:
First Name: ___________________________________ Last Name:____________________________________
Place of Employment: ____________________________ Work Phone:____________________________
Home phone:_________________________________ Cell Phone: ________________________________
Home Address:______________________________________________________________________________

Email Address:
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Emergency Contact Information (Must Be Different Than Parent/Guardian):

First Name: _________________________________   Last Name:_______________________________

Relationship to Student: _______________________________ Work Phone:____________________

Home phone:_________________________________    Cell Phone: ______________________________

Email Address:

_______________________________________________________________________________________

Name of a teacher or guidance counselor who will support your camp application:

_______________________________________________________________________________________

Please write short answer responses of approximately 250 words each to the following questions. Answers should submitted with the application:

1. Why do you want to serve as a STEAM Camp Junior Counselor? What excites you or interests you about being in this role?

2. STEAM Camp Junior Counselors are expected to act as leaders and role model appropriate behavior for campers at all times. What does leadership mean to you? If you are selected as a STEAM Camp Junior Counselor how will you display leadership?
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**PARENT/GUARDIAN WAIVER AND CONSENT FORM**

**2018 STEAM SUMMER CAMP JUNIOR COUNSELOR PARTICIPANT**

*Please indicate your consent by checking each box, initialing each section and providing your signature. A student selected to be a Junior Counselor for this camp must have this form completed and signed.*

- I certify that I am the parent or legal guardian authorized to sign this waiver and consent form on behalf of my child/ward (“Participant”).

Name of parent/legal guardian (print): ____________________________________________________________

Home address: ____________________________________________ Email address: _______________________

Home Phone: ________________________________ Cell Phone: ________________________________

- **Permission to participate and abide by code of conduct** ___________ Your initials

I am the parent/guardian of __________________________, now known as Participant, and hereby give my permission for Participant to participate in the 2018 STEAM summer camp program as a Junior Counselor with the understanding that there will be a variety of science-related activities and events associated with the camp’s daily programs which will take place on or near the Princeton University campus, unless otherwise notified. I understand that Participant will be required to sign a Junior Counselor Code of Conduct Agreement and should any rules be broken, it is at the discretion of camp staff to release Participant from the camp, upon notification to the parent/legal guardian.

- **Permission to participate in field trips:** ___________ Your initials

I authorize Participant to go on field trips that may be scheduled and sponsored by Community House, with the right to forego his/her participation in as specific trip. I agree that neither I nor any member of my family will seek to hold Princeton University, Community House, and/or their respective students, officers or employees liable for any damage or injuries which may be sustained to my child. I, nor any member of my family, will hold Princeton University, Community House responsible for incidents beyond their control. I understand pursuant to New Jersey law that any damage or injury sustained by my child as a result of an automobile accident will be covered by my automobile insurance policy (under PIP/No Fault).
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- Permission to photograph or film participant: ______________ Your initials
  I grant permission to Princeton University to videotape, photograph or otherwise record
  Participant and to use such recordings and biographical data in any media, on a perpetual basis,
  for non-commercial purposes

- Approval to participate, waive, release, agree to hold harmless __________ Your Initials
  I hereby give my approval for Participant to participate in this program as a Junior Counselor and
  waive, release, and agree to hold harmless the organizers, facilitators, teachers, participants, and
  any other personnel involved in the operation, organization, sponsorship, supervision or
  participation of this STEAM summer camp program, including without limitation, the Trustees of
  Princeton University, Community House, and their respective trustees, directors, members,
  officers, employees and agents from any claim or cause of action of any nature that may be
  available to the Participant or his/her parents and/or legal guardians, arising out of any injury,
  accident, or illness to the Participant, arising in any way out of or in connection with the
  Participant's participation in such program and activities.

_____________________________________________  ______________
Parent/Legal Guardian Signature                              Date
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PARENT/GUARDIAN ACKNOWLEDGEMENT OF TRANSPORTATION
2018 STEAM SUMMER CAMP JUNIOR COUNSELOR PARTICIPANT

Please indicate below how your child/ward will get to and from the STEAM summer camp program which will take place at Community House (58 Prospect Ave., 3rd Floor) on the Princeton University Campus.

- My child/ward, ___________ has my permission to walk from home to the program and back home after the program.

- My child/ward, ___________ has my permission to have the individuals noted below, drive him/her to the camp and pick him/her up from the camp.

  Name: _______________________________  Phone: ____________

  Name: _______________________________  Phone: ____________

  Name: _______________________________  Phone: ____________


__________________________
Parent/Legal Guardian Signature  Date
MEDICAL INFORMATION
2018 STEAM SUMMER CAMP PARTICIPANT

Please attach copies of information on the health and wellbeing of your child/ward (“Participant”), including copies of any health insurance cards or other documents. Include below, any information you feel is important for us to know that may affect the “Participant’s” ability to fully participate in the camp program. Read and review the permission statement noted below, providing your signature to indicate your approval.

● Permission for medical treatment for ______________________ and obligation to assume medical expenses:

In the event that I am not immediately available, should the Participant suffer a serious or life-threatening injury for which medical treatment may be necessary, I hereby authorize an appropriate adult member to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that, where practical, a representative of Princeton University will use all reasonable efforts to notify me prior to initiating medical treatment for the Participant. If I am not available, I give my permission to any such physician or other medical personnel to provide such medical treatment, as that individual deems medically appropriate. I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant’s injuries including, without limitation, physician, hospital, lab, drug and device expenses.

____________________________________                 ___________________________________
Parent/Legal Guardian Print Name                  Parent/Legal Guardian Signature

___________________________________________
Date