



Atlanta Workshop Players

Summer Camp 'Destiny' 2017

8560 Holcomb Bridge Rd., Ste 111 Alpharetta, GA 30022 (770)-998-8111 Fax: (770)-998-0227

Please email completed form to Ashlyn@AtlantaWorkshopPlayers.com

CAMP COUNSELOR/STAFF APPLICATION -page 1 (Please include a recent photo with your application)

Date of Application _____ Name _____ Age _____ Gender _____
 Date of Birth _____ Mailing Address _____
 City _____ St _____ ZIP _____ Home Phone _____ Work Phone _____
 Cell _____ Email _____ Fax _____
 SS# _____ - _____ - _____ Marital Status _____ Occupation _____ Any Children? _____
 Parent's Name(for minors only) _____ Parent's Phone _____

***Please mark the type of Counselor/Staff Position that you are requesting:**

- CIT (Counselor-In-Training, AWP counselors ages 16 & up day camp; 17 & up residential, CITs pay 1/2 tuition.
First-time AND 17-18yr old counselors MUST be CIT's (At least 1 week counseling at day camp REQUIRED as part of training)
- Counselor - 19yrs & up w/ strong recommendations & experience. Volunteer Internship. (At least 1 week counseling at day camp REQUIRED as part of training)
- Senior Counselor - 19 & up, extremely experienced. Salary \$250/wk plus room & board.
- Head Counselor - 20 & up. Extremely experienced. Salary \$300/wk plus room & board.
- House Parent - \$250/wk or 1 child's tuition.
- Medical Staff (RN or Physician) - Tuition for 1 child and an honorarium of \$300/wk OR \$600/wk honorarium.

NOTE: All day camp counselor positions are CITs or volunteer internship positions.

RESIDENTIAL CAMP SESSIONS ARE AT OGLETHORPE UNIVERSITY (May/June Day Camp sessions are at AWP's Acting Studio 8560 Holcomb Bridge Rd., Ste 111 Alpharetta, GA 30022)

*I am available:

- Session #1 Half Day Camp Tuesday May 30th-Saturday June 3rd 10am-2:30pm daily
- Session #2 Full Day Camp Tuesday May 30th-Saturday June 3rd 10am-6pm daily
- Session #3 Advanced Musical Theater Day Camp Monday June 5-Friday June 9th 10am-6pm daily
- Session #4 Movie Camp (Two Week Residential) July 16-29th
- Session #5 Residential Camp July 24-29th
- Session #5a DAY Camp AT OGLETHORPE July 24-29th (Students 10am-9pm Daily, Counselors stay on campus)

*I prefer to be a counselor for (**please mark 1st, 2nd, and 3rd choices**):

- On Camera/Video Majors
- Theater Majors
- Musical Theater Majors

*I prefer the age group:

- 6-7 years
- 8-9 years
- 10-12 years
- 13-15 years
- 15+ years

*T-Shirt Size _____

*I am available to attend the mandatory counselor/staff seminar Saturday May 27th 1-6pm at the AWP Studio for Day Camp Staff YES _____ NO _____ and July 12th 12-8pm Nurses/House Parents 2-8pm Add counselors AND July 13th 2-8pm Counselors for Residential Staff Seminar YES _____ NO _____

Roommate Request: _____ Suitemate Request: _____

High School Education - Year Completed 5/2017: Freshman / Sophomore / Junior / Senior
College Education - Year Completed 5/2017: Freshman / Sophomore / Junior / Senior/Grad School

Camp Experience:

Work Experience:

School _____, Major _____, Degree Granted _____
Employer _____ Address _____
Phone _____ Nature of Work _____ Dates _____

Comments:

Describe your qualifications and experience in the performing arts:

CAMP COUNSELOR/STAFF APPLICATION

1. From whom did you learn of our camp program? _____
2. Were you a camper at AWP Performing Arts Camp? Yes ___ No ___ If yes, # of years _____
3. Are you willing to submit to random drug testing? Yes ___ No ___ If no, explain _____
4. Do you give AWP permission to do a background check? (Over 18 only) Yes ___ No ___
Driver's License # _____ State Issued _____ Social Security # ___ - ___ - ___
Full Legal Name _____ Signature _____ Date _____
5. Have you ever been treated for eating disorders, depression, drug use, attempted suicide, etc.?
Yes ___ No ___ If yes, Please explain _____
6. Do you smoke or use any type of tobacco? _____

NOTE: SMOKING, TOBACCO, ALCOHOL, AND ILLEGAL DRUG USE ARE STRICTLY FORBIDDEN. IF YOU ARE A HABITUAL USER OF ANY OF THESE, PLEASE, DO NOT APPLY! BUT WE DO HOPE YOU'LL QUIT, LIVE A LONG AND HEALTHY LIFE AND APPLY AGAIN LATER.

THE REAL YOU!

We'd like a chance to get to know you better. Please use the questions below as a springboard, so that we can get a better sense of how you might fit into the Atlanta Workshop Players program.

*Why do you want to be a camp counselor/staff member?

*What personal qualities do you have that would enable you to be an effective camp counselor/staff member?

*What is your greatest strength?

*What is your greatest weakness?

*If you had a group of campers, your goals for the campers would be:

*How would you handle camper homesickness?

*Are you calm during emergency situations? ___ Do you feel prepared to handle an emergency? Explain:

*Describe your views on the use of tobacco, alcohol and drugs:

*Will you abide by the camp policy which forbids romantic contact with any camper, staff member, or other counselors?

*Do you think it might be difficult for you to comply with AWP's policies on drinking, smoking and drug use?

*Have you ever been accused or convicted of any offense other than a traffic violation? Yes____No____If yes, please explain:

*If you discovered that a fellow counselor or staff member was breaking the AWP rules, what would you do?

*What experience have you had working with children?

*Briefly describe your family background, interests, aims and any experience you consider relevant to the application:

*In one word, describe yourself:

*Please explain your qualifications, goals and philosophies concerning, inspiring, organizing and focusing young people:

*Include any special safety skills such as CPR, Lifeguard Certification, First Aid, etc. below:

References Required (NO relatives)

Two letters of recommendation must be submitted with this application from an employer or performing arts teacher/director. Be sure they include contact information in case we have questions. ALSO, please list 3 references (not relatives) who have extensive knowledge of your abilities, experience and character.

Reference #1 Name_____Relationship_____Phone #1_____

Phone #2_____Email_____Address_____

Reference #2 Name_____Relationship_____Phone #1_____

Phone #2_____Email_____Address_____

Reference #3 Name_____Relationship_____Phone #1_____

Phone #2_____Email_____Address_____

I certify that all the information I have provided in this application is true, accurate and complete. I understand that I will be expected to abide by the policies, procedures and practices of the Atlanta Workshop Players Performing Arts Camp.

Signature of Applicant

X_____Date_____

Send this application, letters of recommendation, medical form, background check form and a recent photograph to Ashlyn@AtlantaWorkshopPlayers.com by April 15, 2017 for consideration. NOTE: Supplement form for Minors must also accompany application if applicant is under 18 years of age.

Minors: CAMP COUNSELOR/STAFF APPLICATION

Supplement for MINORS being considered for CIT or Counselor Positions. To be completed by parent/guardian and send in with application.

Name of Applicant _____

Parental Information

Marital Status: ___ Married ___ Separated/Divorced (Custodial Parent _____) ___ Single ___ Widowed

Mother's Name _____ Father's Name _____

Parent #1

Cell Phone _____ Home Phone _____ Work Phone _____

Address _____ Email _____

Parent #2

Cell Phone _____ Home Phone _____ Work Phone _____

Address _____ Email _____

Best # to reach someone in case of emergency _____ 2nd best # _____

If parent or guardian cannot be reached in case of emergency, please notify:

Name _____ Phone _____ Relationship _____

Permission Slip

I do ___ do not ___ give my child, _____ permission to travel off campus in their own vehicle or with another counselor or staff member for short trips to the store, etc.

I do ___ do not ___ give my child, _____ permission to travel off campus with another counselor or staff member who is at least 18 years of age for short trips to the store, etc.

I do ___ do not ___ give my child, _____ permission to stay on campus without supervision by the Atlanta Workshop Players Staff over the weekend between residential camp sessions.

I do ___ do not ___ give the Camp Medical Staff permission to administer 'over the counter' medications such as Tylenol, Pepto-Bismol, Benadryl and Ibuprofen (Advil or Motrin).

I, the undersigned, fully understand and agree that the organizers, owners, instructors, counselors, and administrators of the Atlanta Workshop Players and Oglethorpe University shall be free from any liability of claims arising by reason of any injury or illness during the camp session(s). Permission is hereby granted to transport my child to a doctor or hospital in case of illness or injury and to authorize emergency treatment when unable to locate a parent. In addition, I give permission for my child to travel with AWP to camp related field trips. I also agree that AWP is free to utilize any photographs, voice recordings and video taken of my child, in keeping with the AWP mission. I understand that there will be no compensation for this usage.

AWP has my permission to use said photographs and video in company newsletters, brochures, in-house video presentations, television news programs, on the internet and other media, to promote AWP and original works in development.

Signature of Parent/Guardian(Required) _____ Date _____

Print name of Parent/Guardian _____

Witness _____ Date _____

Print name of Witness _____ Phone Number _____