



# Junior Camp Counselor Application

Junior Camp Counselors are an integral part of Summer Companion Camp. The job of these young animal advocates is to serve as role models to campers and to assist staff with tasks and camp activities. Being a Junior Camp Counselor is a privilege extended to select students who have demonstrated a great level of responsibility and maturity. This opportunity has been designed to foster skills in areas such as leadership, animal handling, personal accountability, and communication.

**To apply:** email or mail us your completed application by Saturday, May 16, 2020\*. Upon receipt of your application, we will contact you to confirm your child's status and explore dates to have them interview.

**\*Rolling applications accepted on needs basis**

**Parents** – fill out pages 1-3

**Students** – fill out page 4

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Houston Humane Society  
14700 Almeda Dr.  
Houston, TX 77053

Camp Director: Chloe Hamilton  
Telephone: 713-341-3319/ 281-910-5651  
Email: [camp@houstonhumane.org](mailto:camp@houstonhumane.org)

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Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade in the Fall: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Allergies (please include severity and any prescribed allergy medication): \_\_\_\_\_

\_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

## PARENT/GUARDIAN QUESTIONNAIRE

Will your child be available to commit to volunteering for at least 1 week of Summer Companion Camp this year? Please select which session(s) they will be able to volunteer:

- |   |   |
|---|---|
| <input type="checkbox"/> Session 1: June 1 – June 5               | <input type="checkbox"/> Session 7: July 13 – July 17             |
| <input type="checkbox"/> Session 2: June 8 – June 12              | <input type="checkbox"/> Session 8: July 20 – July 24 (teen week) |
| <input type="checkbox"/> Session 3: June 15 – June 19             | <input type="checkbox"/> Session 9: July 27 – July 31             |
| <input type="checkbox"/> Session 4: June 22 – June 26 (teen week) | <input type="checkbox"/> Session 10: August 3 – August 7          |
| <input type="checkbox"/> Session 5: June 29 – July 3              | <input type="checkbox"/> Session 11: August 10 – August 14        |
| <input type="checkbox"/> Session 6: July 6 – July 10              |   |

Does your child have any disabilities or allergies that will make this engagement difficult or impossible?

- Yes    No

If yes, please explain:

Will your child be available to commit to attend a camp training before camp begins? Please select which dates and times they will be able to come to HHS for group Junior Camp Counselor Orientation:

- Saturday, May 16<sup>th</sup>
- Sunday, May 17<sup>th</sup>
- Saturday, May 23<sup>rd</sup>
- Sunday, May 24<sup>th</sup>
- Saturday, May 30<sup>th</sup>
- Sunday, May 31<sup>st</sup>

Please rate the following traits and/or skills as they pertain to your child (7=excellent, 4=good, 1=poor):

Ability and motivation to act as role model for children	1	2	3	4	5	6	7
Initiative to help where help is most needed	1	2	3	4	5	6	7
Maturity	1	2	3	4	5	6	7
Comfort level initiating conversations with new people	1	2	3	4	5	6	7
Ability to continue to work under stress	1	2	3	4	5	6	7

Please share how your child demonstrates the ability and personal motivation to follow multiple instructions and complete assigned tasks within specific time frames. What is the best way to motivate your child?

How has your child demonstrated he/she has the maturity, leadership, personal accountability, and communication skills that are required of Junior Camp Counselors?

## STUDENT QUESTIONNAIRE

*This portion to be filled out by student applicant (please feel free to use another piece of paper if needed!)*

Why do you want to be a Junior Camp Counselor for the HHS?

What do you feel you can contribute to the program?

What are the top five things at which you are best?

What skills do you hope to gain from your experience?

How would you describe yourself?

List three qualities you feel a good Junior Camp Counselor should have:

1.

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2.

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3.

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Tell us about your previous experiences working with children and/or animals (i.e. baby sitting, community service, sports teams, scouting, dog training classes, etc.)

The role of a Junior Camp Counselor requires developed leadership skills. Juniors are extensions of the staff and role models for the campers and are thus expected to behave accordingly (i.e. following directions the first time they are asked, being helpful and enthusiastic, not talking while staff counselors are instructing, showing kindness and respect for everyone, etc.).

Do you think this is a role you are ready to take on?  Yes  No

Junior Camp Counselors are not campers! Though the experience is rewarding and fun, it involves a lot of hard work, all of which needs to be done in a timely manner and while maintaining an enthusiastic attitude. Along with assisting campers with animal interactions, there are a lot of physical duties involved such as washing dishes, cleaning up after animals and their habitats, and assisting with art projects.

Do you feel confident taking on these types of tasks?  Yes  No

What experience do you have with this type of work?

**Houston Humane Society - Volunteer Junior Camp Counselor  
Release of Liability and Assumption of Risk**

1. **Volunteer Participation.** I have voluntarily enrolled my above-identified child in, and my child has voluntarily agreed to participate in, the Houston Humane Society Junior Camp Counselor Program (the "Program"). I understand that all services performed by my child will be performed on a strictly volunteer basis without compensation or benefits of any kind.
2. **Guidelines.** I understand that my child must comply with all of the rules, agreements and protocols that may be established from time-to-time by the Houston Humane Society (the "HHS") and that volunteer privileges may be revoked or suspended by the HHS at any time for non-compliance or safety issues. I have communicated the importance of following the HHS's rules to my child.
3. **Assumption of Risk.** I understand that volunteering can be potentially dangerous and that my child may be interacting with animals belonging to the HHS or its staff, volunteers or affiliates, with or without adult supervision, and that animals, even under the best of circumstances, may be unpredictable and may bite or scratch or transmit zoonotic diseases. I understand and acknowledge that my child's participation in the Program is not without risk of serious injury, death or damage to property, and I assume all risks in connection therewith. I understand that I am solely financially responsible for any medical treatment or care for any injury or illness resulting from my child's participation in the Program, through my own health insurance coverage or otherwise. I have been encouraged to consult with a medical professional to address any concerns prior to my child's participation in the Program.
4. **Liability Release.** In consideration of my child's participation in the Program, I (together with my spouse, heirs, successors, representatives and assigns) agree to assume and to forever release, waive, discharge, indemnify and hold harmless the HHS, including its directors, employees, consultants, agents and volunteers, as well as any third-party owner(s) of animals with whom my child may interact (collectively, the "Released Parties"), for any and all claims, demands and damages of every kind and nature whatsoever, that I may now have or in the future have against any of the Released Parties on account of any property damage, death or personal injuries and the treatment thereof, as a result of the acts or omissions of the Released Parties or in any way incidental thereto, including those caused by negligence or carelessness attributable to the Released Parties, whether foreseeable or unforeseeable (including by way of example only and not limitation, claims for medical care and attorneys' fees).
5. **Media Release.** I grant to the HHS permission to use my child's name, likeness and/or statements in photographs, audio, video or other media to promote the HHS's services, programs or events. I understand that all film, audio, prints and negatives become the sole property of the HHS and may be used without payment or notification.
6. **Agreement & Term.** This agreement shall remain in full force and effect until expressly revoked or otherwise terminated by the HHS. By signing below, I hereby represent and warrant that I am the parent and/or legal guardian of the above-named child, and I give my consent without reservation to the above terms and conditions, on my own behalf and on behalf of my child.

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Student Name

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Signature of Parent/Guardian

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Date

**Minor Volunteer Agreement and Waiver**

I agree to conduct myself in a courteous and professional manner as a volunteer and as a representative of the Houston Humane Society.

I agree to abide by all Houston Humane Society policies and procedures.

I authorize the Houston Humane Society to contact my emergency contact on this waiver and seek emergency medical care in case of accident, injury, or illness.

I agree that my services are provided on a volunteer basis without pay or compensation of any kind and all services are to be performed at my own risk.

I understand that in handling animals and performing other volunteer's task there does exist a risk of injury including physical harm caused by the animals.

I hereby allow the HHS to use any photographs taken of me on property or at a special event for public relation purposes.

I agree that on behalf of myself, my heirs, personal representatives and executors, I release, discharge, indemnify, and hold harmless the Houston Humane Society, its agents, employees, directors and board of directors from any and all claims, causes of action, or demands of any nature of cause, including costs and attorneys fees incurred by the Houston Humane Society in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services for the Houston Humane Society including but not limited to animal bites, accidents, or injuries.

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

Signature \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Emergency contact number \_\_\_\_\_

Supervising Adult \_\_\_\_\_

Supervising Signature \_\_\_\_\_

Date \_\_\_\_\_