



Atlanta Workshop Players Camp "Destiny" 2010

Performing Arts Experience

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

CAMP COUNSELOR/STAFF APPLICATION - page 1

Please include a recent photo with your application.

Date of Application _____
 Name _____ Age _____ Sex _____ Birthday _____
 Mailing Address _____ City _____ St _____ ZIP _____
 Hm. Phone _____ Wk. Phone _____ Cell _____ Email _____
 Fax _____ SS# _____ - _____ - _____ Marital Status _____ Occupation _____ Any Children? _____
 Parent's Name (for minors only) _____ Phone _____

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

- CIT (Counselor-In-Training, first-time AWP counselors ages 17 & 18yrs \$399.50 tuition**
 Counselor: 19yrs & up w/strong recommendations & experience. Volunteer Internship position.
 House Parent: \$250/week or 1 child's tuition.
 Medical Staff (RN or Physician): Tuition for 1 child and an honorarium of \$300/week.

RESIDENTIAL CAMP SESSIONS ARE AT OGLETHORPE UNIVERSITY (All Day Camp sessions are @ The Studio of the Arts)

***I am available:**

- Session #1, June 7-11 Day Camp (9am-1:30pm daily)** **Session #2, June 7-11 Day Camp (2:30-7pm daily)**
 Session #3, June 14-18 Day Camp (10am-6pm) **Session #4, June 21-25 Day Camp (10am-6pm)**
 Session #5 Performing Arts Residential Camp July 5-10
 Session #6, Performing Arts Residential Camp July 11-16
 Session #7, Advance Production Session July 11-24

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

On Camera/Video Majors _____ Theatre Majors _____ Musical Theatre Majors _____

***I prefer the age group:**

6 - 7 yrs. _____ 8-9 yrs. _____ 10-12 yrs. _____ 13-15 yrs. _____ 15+ yrs. _____

***I am available to attend the mandatory counselor/staff seminar Sat. June 5th for Day Camp Staff and Fri & Sat. July 2nd & 3rd for Residential staff seminar AND load into Oglethorpe** Yes No
Education - Year completed 5/2010: Freshman / Sophomore / Junior / Senior

Years	School	Major	Degree Granted

Work Experience

Dates	Employer	Address/Phone	Nature of Work

Camp Experience

Dates	Camp Attended	Comments

Describe your qualifications and experience in the performing arts (Please use the back):

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- 1) From whom did you learn of our camp program? _____
- 2) Were you a camper at A.W.P. 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, 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 & 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 in to 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 A.W.P.'s policies on drinking, smoking & drug use?

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The Real You continued

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 A.W.P. 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. Feel free to use the back of this sheet if needed.

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.

Name	Relationship	Day & Evening Phone #'s	Full 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.

X _____
 Signature of Applicant

Date _____

Send this application, letters of recommendation, medical form, background check form and a recent photograph to the address or fax number on page 1 by April 20, 2010 for consideration.

Note: Supplement form for Minors must also accompany application if applicant is under 18 years of age.



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Minors: CAMP COUNSELOR/STAFF APPLICATION Supplement for MINORS being considered for CIT Positions. To be completed by parent/guardian & sent in with application.

Name of Applicant _____

Parental Information

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

Mother's Name _____ Father's Name _____

Address _____ Address _____

Phone: Hm (____) _____ Wk (____) _____ Phone: Hm (____) _____ Wk (____) _____

Cell (____) _____ Other(____) _____ Cell (____) _____ Other (____) _____

Parent's email _____ Student 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 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 parent. In addition, I give permission for my child to travel with AWP to camp related field trips.

Signature of Parent/Guardian (Required) _____ Date _____

Print name of Parent/Guardian: _____

Witness: _____ Date _____

Print name of Witness: _____ Phone#: _____