



# Atlanta Workshop Players

## Camp "Destiny" 2012

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 \_\_\_\_\_ Gender \_\_\_\_\_ 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 minimum of age 17yrs. 1/2 regular tuition  
 Counselor: 18yrs & up w/strong recommendations & experience. Volunteer Internship position.  
 Sr. Counselor: Age 20 & up. Experienced counselor w/strong leadership qualities. Salary \$250 wk  
 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 BRENAU UNIVERSITY, Gainesville, GA**  
**All Day Camp sessions are @ AWP's The Studio of the Arts 8560 Holcomb Bridge Rd. Suite 111 Alpharetta, GA**

**\*I am available:**

**Session #1**, June 4-8 Performing Arts Adventure Day Camp (9am-1pm daily) ages 6-11yrs  
 **Session #2**, June 4-8 Advanced Day Camp (2:30-7pm daily) ages 11-16yrs  
 **Session #3**, June 11-15 Day Camp (10-6pm daily) ages 7-16 yrs  
 **Session #4**, June 18-22 Day Camp (10-6pm daily) ages 7-16 yrs  
 **Session #5**, June 25-29 Musical Theatre Intensive-AWP Company & Advanced Day camp (10-6pm daily) ages 11-adult  
 **Session #6**, July 15-20 Residential Camp ages 8-18yrs  
 **Session #7**, July 22-27 Residential Camp ages 8-18 yrs  
 **Session #8**, July 15-28 Advanced Production Session (APS) ages 11-18 yrs

**\*I prefer to be a counselor for: (\*\*Please mark 1st, 2nd, 3rd & 4th choices\*\*)**

On Camera/Video Majors\_\_\_\_, Theatre Majors\_\_\_\_, Musical Theatre Majors\_\_\_\_, APS\_\_\_\_

**\*I prefer the age group:** 6-7 yrs. \_\_\_\_ 8-9 yrs. \_\_\_\_ 10-12 yrs. \_\_\_\_ 13-14 yrs. \_\_\_\_ 15+ yrs. \_\_\_\_

**\*I am available to attend the mandatory counselor/staff seminars**

DAY Camp Counselors/Staff Sun. June 3rd 1:30-4-ishpm Studio of Arts \_\_\_\_Yes \_\_\_\_No  
 RESIDENTIAL Camp Counselors/Staff 2pm Tue-Thurs. evening July 10-12 overnight retreat for meetings, tour of Brenau and fun!!!! Retreat at: Eric Nash's lake house, 2488 Old Fork Rd. Gainesville, GA. 30506  
 (Requires a \$35 fee per person for meals) \_\_\_\_Yes \_\_\_\_No \*\* Adult staff is only required during the day on Wed. July 11th 11-4 pm

**Education - Year completed 5/2012:** 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 qualifications & experience in performing arts (Please use back):**  
**CAMP COUNSELOR/STAFF APPLICATION - Con 't**

- 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. (Attach separate sheet if necessary)

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 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 A.W.P.'s policies on drinking, smoking & drug use?

# CAMP COUNSELOR/STAFF APPLICATION - page 3

## 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 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** \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Applicant

Send this application & two letters of recommendation, Supplement for Minors (if you are a minor) and a recent headshot or photograph to the address or fax number on page 1 by May 1st, 2012 for consideration. Some positions fill up very quickly. We encourage you to send your application as soon as possible.



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## 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 \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: Hm (\_\_\_\_) \_\_\_\_\_ Wk (\_\_\_\_) \_\_\_\_\_

Phone: Hm (\_\_\_\_) \_\_\_\_\_ Wk (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

Mother's email \_\_\_\_\_

Father's email \_\_\_\_\_

CIT/Counselor's Email \_\_\_\_\_

Best # to reach someone in case of emergency (\_\_\_\_) \_\_\_\_\_ 2<sup>nd</sup> 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 w/another counselor or staff member who is at least 18 years of age for 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 Brenau 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#: \_\_\_\_\_