

Info for Atlanta Workshop Players' Counselors & Staff who wish to Return for *Camp* "Destiny" 2012!

(As if we would even consider having camp without you! Please!!!)

Please read the enclosed information and return the application **BY MAY 1st--**
PREFERABLY BEFORE --we choose staff in order of receipt of application. (You can
fax it to (770) 998-0227 or email to awplayers@aol.com or mail to: AWP 8560 Holcomb
Bridge Rd. Suite 111 Alpharetta, GA 30022)

**Hey, why don't you do it right now! It will only take you a few minutes and
make our lives much easier AND it will save your space!**

Please note that since you have been a staff member with us before, you only need to
complete the short application; the essay described below AND the medical form.
MINORS must have the Minor Supplement page completed & signed by a
parent/guardian as well.

****ESSAY INSTRUCTIONS****

Please write an essay about what you learned from being a counselor in the past, what
you would do differently this year and any suggestions you have regarding ways AWP can
further assist the counselors & staff. Attach essay to application & medical form & mail
to AWP right away. Thanks!!

****** 2012 Camp Session Dates**

There are 8 Camp Sessions. Counselors may participate in 1, 2, 3, 4, 5, 6 or 7 sessions.

House Parent positions available for sessions 6 and 7 and APS ONLY.

ALL Residential Sessions at Brenau Univ. (Gainesville, GA)

Day Camps are at AWP's Studio Of The Arts in Alpharetta

- * Session #1 Day Camp (1/2 Day 9am-1:30pm daily) June 4-8th Ages 6-11
- * Session #2 Day Camp (1/2 Day 2:30pm-7pm daily) June 4-8th Ages 11-16
- * Session #3 Day Camp (10am-6pm daily) June 11-15th Ages 7-16
- * Session #4 Day Camp (10am-6pm daily) June 18-22nd Ages 7-16
- * Session #5 Musical Theatre Intensive Day Camp - AWP Company &
Other Advanced Students (10am-6pm) June 25-29th Ages 8-adult
- * Session #6 Residential Camp July 15-20th Ages 8-18
- * Session #7 Residential Camp July 22nd-27th Ages 8-18
- * Session #8 Advanced Production Session (APS) Two week Residential,
Ages 11-18yrs, July 15-28th

Atlanta Workshop Players Camp Destiny 2012 Returning Counselor/Staff Application

Date of Application _____

Name _____ Age _____, Birthday _____, Gender _____

Mailing Address _____ City _____ St _____ ZIP _____

Hm. Phone _____ Wk. Phone _____ Cell _____

Email _____ Parent/Spouse Email _____

Fax _____ SS# _____ - _____ - _____ Marital Status _____

Any Children? _____, Occupation _____

Parent's Name (for minors only) _____ Phone _____, Cell _____

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

- CIT (Counselor-In-Training), 17 & 18 year olds & first time counselors, pay 1/2 regular tuition
 Counselor: Over 18 w/strong recommendations & experience. Volunteer Internship
 Sr.Counselor: Age 20 & up. Experienced AWP 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.

DAY Camp @ AWP's Studio Of The Arts, RESIDENTIAL Camp @ Brenau Univ.

***Mark available dates:**

- Session #1**, June 4-8 Day (9am-1pm daily) **Session #2** June 4-8 Day (2:30-7pm daily)
 Session #3, June 11-15 Day (10-6pm daily) **Session #4**, June 18-22nd Day (10-6pm daily)
 Session #5 June 25-29 Musical Theatre Intensive-
AWP Company & Advanced students Day (10-6pm) **Session #6**, July 15-20 Residential Camp
 Session #7, July 22-27 Residential Camp **Session #8** July 15-28th, Two week Residential, ages 11-18

***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/retreat**

DAY Camp Counselors/Staff Sun June 3rd, 1:30-4-ishpm @ AWP's Studio of Arts _____ Yes, _____ No

RESIDENTIAL Camp Counselors/Staff 2pm Tue-Thursday evening, July 10-12 overnight retreat for meetings, tour of Brenau & fun!!!! (Requires a \$35 fee pp for meals) _____ Yes _____ No

Location: Eric Nash's lake house, 2488 Old Fork Rd. Gainesville, GA. 30506

** Adult staff is only required to attend on Wed. July 11th, 11-4pm but is welcome to stay.

***We need to know who will be returning A.S.A.P.
So don't delay!! Return application, essay, medical form and
Minor Supplement (if minor) today!!**

Atlanta Workshop Players Camp "Destiny" 2012

Performing Arts Experience

8560 Holcomb Bridge Rd., Suite III, Alpharetta, GA 30022 770 998-8111 Fax 770 998-0227

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 () _____ 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 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#: _____