



## Camp Counselor Application: College Students

**Camp Chibikko Dates:**

Week 1: July 9 – 13, 2018

Week 2: July 16 – 20, 2018

**Deadline to apply:** May 4, 2018

Camp Chibikko's goal is to introduce campers to the Japanese American culture through hands-on activities, games, and other experiences so that they can become aware of the importance of the traditions that have been handed down from generation to generation.

As a Camp Chibikko Camp Counselor, you will be responsible for facilitating/supervising many of the activities; such as crafts, games, lessons, skits, and lunch. You will be paired with a high school student who will also serve as a facilitator. It is a fun-filled week where you can play an active role in helping to educate and engage the students in fun and interesting ways through this cultural and recreational week-long camp. Lunch will be provided every day. This position also includes a \$300 stipend for each week.

### PART I: CONTACT INFORMATION

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Major/Field of Interest:** \_\_\_\_\_

**Expected Date of Graduation:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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**OFFICE USE ONLY:** RECEIVED DATE \_\_\_\_\_ INTERVIEW DATE \_\_\_\_\_ ACCEPTED \_\_\_\_\_

1. What has been your experience within the Japanese American community OR understanding of Japanese American culture?
2. Why are you interested in being a Camp Counselor and what do you think you have to offer as a counselor?
3. As a counselor, you will be supervising a group of K-6th grade students in a cultural and recreational camp. Tell us why you believe you have the responsibility and leadership for this task.
4. If you were to lead your own workshop for this group of K-6th grade students, what would you do (and how would you do it)?



### PART III: EVERYTHING ELSE

Indicate the Week of Camp Chibikko you are applying for:

- ☐ Week 1 Only      ☐ Week 2 Only      ☐ Weeks 1 & 2

1. Please submit a 1-page professional resume along with completed application.
2. Training Dates
  - a. Camp Chibikko will hold a counselor orientation prior to the start of camp to go over activities, lessons, and message points. **This training is MANDATORY. If you are unable to attend orientation, the stipend will be \$250 instead of \$300.**
  - b. Counselor orientation for **Week 1** will be held on Sunday, July 1, 2018 from 9am – 4pm and **Week 2** will be held on Saturday, July 7, 2018 from 9am – 4pm. Lunch will be provided.
3. You may be contacted for a phone or in-person interview.

For more information, contact:

ESGVJCC Office at (626) 960-2566 or at [campchibikko@esgvjcc.org](mailto:campchibikko@esgvjcc.org)

I certify that the above is true and correct

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Signature

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Date

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(Print Name)



## *Liability Release Form: Adults*

In consideration of my participation in the **ESGVJCC Camp Chibikko** ("Program"), which is held at the East San Gabriel Valley Community Center ("ESGVJCC"), the undersigned, acknowledges and agrees that:

1. I am aware that participation in certain activities at the ESGVJCC, including, but not limited to, any of the martial arts, basketball, and taiko, necessarily involves risk of and could result in physical injury to the participants.
2. I hereby release, waive, discharge, and covenant not to sue or seek compensation from the Program, the ESGVJCC, and their respective officers, directors, employees, agents and volunteers (collectively "Releasees"), in connection with any liability, injury, or harm which may arise as a result of my participation in the Program.
3. I hereby agree to indemnify and save and hold harmless the Releasees from any loss, liability, damage, or cost they may incur due to my participation in the Program.

Participant's Signature: \_\_\_\_\_

Print Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

In an emergency, contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

### **BRIDGING CULTURE, FAMILY, AND COMMUNITY**

1203 West Puente Avenue | West Covina, CA 91790 | P 626 960 2566 | F 626 960 0866 **ESGVJCC**

The East San Gabriel Valley Japanese Community Center is a 501(c) (3) non-profit organization. Your contribution is tax-deductible to the extent allowed by law. No goods or services were provided in exchange for your generous financial donation. Federal Tax ID # 95-6100417.