



Camp Counselor Application: High School Students

Camp Chibikko Dates:

Week 1: July 15 – 19, 2019

Week 2: July 22 – 26, 2019

Deadline to apply: May 3, 2019

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 college student. 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.

PART I: CONTACT INFORMATION

Name: _____

What grade will you be in the Fall?

☐ Sophomore ☐ Junior ☐ Senior ☐ Recently Graduated

Address: _____

City, State, Zip Code: _____

Email: _____

Home Phone: _____ **Cell Phone:** _____

School Name: _____

T-Shirt Size: _____

Parent Contact Name: _____

Parent Email: _____

Parent Cell Phone: _____ **Parent Work Phone:** _____



OFFICE USE ONLY: RECEIVED DATE _____ INTERVIEW DATE _____ ACCEPTED _____
PART II: A FEW QUICK QUESTIONS

1. In a few quick sentences, why are you interested in being a counselor for Camp Chibikko?

2. How did you hear about Camp Chibikko?

PART III: EVERYTHING ELSE

Indicate the Week of Camp Chibikko you are applying for:

- ☐ Week 1 ☐ Week 2 ☐ Weeks 1 & 2

1. 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, it will be deducted from your community service hours.**
- b. Counselor orientation for **Week 1** will be held on **Saturday, Jun 29, 2019 from 9am – 4pm** and **Week 2** will be held on **Sunday, Jun 30, 2019 from 9am – 4pm. Lunch will be provided.**

2. 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

I certify that the above is true and correct

Signature

Date

(Print Name)

Parent/Guardian Signature
(if counselor is under 18 years of age)

Date

(Print Name)



Student Name:_____ **DOB:**_____

Initial_____ **Authorization to Consent to Treatment of a Minor**

The undersigned parents of _____, a minor, authorize the ESGVJCC – Camp Chibikko, as agents to consent to any x-ray, anesthetic, medical or surgical diagnosis for treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower the agents to give consent for such treatment, as the physician may deem advisable. (Section 25.8 of the Civil Code of California)

This authorization shall remain effective during the participation of the above named student.

Initial_____ **Minor Photo Release**

I give the ESGVJCC Camp Chibikko permission to publish in print, electronic, or video format the likeness of image(s) of my child. I release all claims against Camp Chibikko with respect to copyright ownership and publication including any claim related to use of the materials.

Initial_____ **Waiver & Release**

In consideration of my child(ren) being permitted to take part in all the Camp Chibikko's activities, whether public or private, of the East San Gabriel Valley Japanese Community Center (ESGVJCC) – Camp Chibikko and or on said Center premises or any other place in the course of said Camp's activities, I do hereby expressly waive and release any and all rights which I or my child(ren) may have to maintain my claim or demand whatsoever against the said Center and Camp, its officers, member teachers, employees or against any other person other than the undersigned or which might ensue as a result of my or my child(ren) being on said Camp Premises or otherwise my or my child(ren)'s participation in any of said Camp activities. This waiver and release shall remain effective during the enrollment of my child(ren) at ESGVJCC – Camp Chibikko.

Signature of Parent:_____ **Date:**_____

Name of Parent (PLEASE PRINT):_____