



Imagine Day Camp

New Future Counselor (FC) Application Form 2024 | Ages 14-15

Camp Dates: June 17th – July 26th, 2024 (No camp Thursday, July 4th)
Camp Times: 8:30 AM – 12 PM (1:30 Lunch Bunch option)
Camp Location: Winnetka Covenant Church
 1200 Hibbard Rd.
 Wilmette, IL 60091
Camp Ages: 3-year-olds through incoming 2nd graders

- 6-week attendance is mandatory for all staff members -

Staff applications will be accepted until our team is full. Please print your application and mail to/drop off at:

**Imagine Day Camp
625 Laporte Ave
Wilmette, IL 60091**

Please print the following in blue/black ink.

APPLICANT INFORMATION:

Legal Name (Last, First, MI) _____ Preferred Name: _____
 Street Address: _____ City: _____ Zip: _____
 Cell Number: (_____) _____ - _____ E-Mail: _____
 Date of Birth (mm/dd/yyyy): _____ / _____ / _____ Grade as of Sept. 2024: _____ Referred By: _____
 T-Shirt Size (Adult S-4XL): _____ Social Security #: _____ - _____ - _____ (needed for tax purposes)
 Emergency Contact #1: _____ Contact Phone #: _____
 Emergency Contact #2: _____ Contact Phone #: _____

EDUCATION:

Middle School: _____ City: _____
 High School (if applicable): _____ City: _____

Imagine Day Camp is an Equal Opportunity employer and does not discriminate on the basis of race, ancestry, color, religion, sex, age, marital status, sexual orientation, national origin, medical condition, disability, veteran status, or any other basis protected by law.

Office Use Only | Date Application Received: _____ Staff Initials: _____



ATTENDANCE:

6-week attendance is mandatory for all staff members for the safety of our campers. However, exceptions can be made for individual circumstances if we are notified in advance. Below, please list any known absences you will have during our 6-week season. Please note: there is no camp on Thursday, July 4th.

- 1. Date(s): _____ Reason for Absence: _____
- 2. Date(s): _____ Reason for Absence: _____

REFERENCES: *(please do not include relatives)*

- 1. Name: _____ Occupation: _____
Phone: (____) _____ - _____ E-Mail: _____

EMERGENCY RELEASE:

In the event of an emergency, I authorize *Imagine Day Camp* to secure, from any licensed hospital, physician and/or other medical personnel, any treatment deemed reasonable and necessary for my minor child/ward’s immediate care. I understand that I am responsible for all affiliated expenses.

Signature of Parent/Guardian: _____

Name of Parent/Guardian *(please print):* _____

Date: _____ / _____ / _____

BABYSITTING LIST:

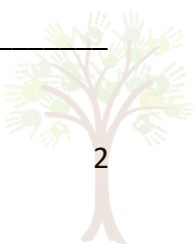
Each season, we send a “Babysitting List” to our camp families for use throughout the summer. If you would like to be included (*upon hire*), your full name, cell number, and age will be included. Please indicate your preference below:

Please include my name and contact info for this season! Please do not include me on this year’s list.

HISTORY: *All applicants are subject to a pre-employment background check.*

- 1. Have you ever been convicted of a felony? If yes, please explain:
 - _____ Yes: _____
 - _____ No

- 2. Have you ever been convicted with a misdemeanor involving dishonesty, criminal sexual conduct, assault or battery, or any criminal drug actions? If yes, please explain:
 - _____ Yes: _____
 - _____ No



PHOTOGRAPH RELEASE FORM:

The following grants *Imagine Day Camp* permission to take and use photographs of our staff. The purpose of such photos is threefold: for use on our public camp website, www.imaginedaycamp.com, for use in the end-of-summer camp video, and for potential advertising purposes. While the website is public, the video will remain “unlisted” on YouTube, meaning only those given the specific link will be able to locate it. It cannot be found online without the link. Any advertising would be done explicitly by *Imagine Day Camp* or by Winnetka Covenant Church. None of the three mediums will include any identifying information. The following allows you to choose whichever option you are most comfortable with.

With my selection below, I grant *Imagine Day Camp*, its representatives and employees, the right to take or to not take photographs of me in connection with *Imagine Day Camp*. Photographs will not be shared with any other organization other than *Imagine Day Camp* and, with my permission, Winnetka Covenant Church.

Please read each option carefully and initial your selection.

_____ You may take photos of me to be used on *Imagine Day Camp’s* website, the end-of-summer camp video, **and** for local advertising purposes for either *Imagine Day Camp* or Winnetka Covenant Church.

_____ You may take photos of me to be used on *Imagine Day Camp’s* website as well as the end-of-summer camp video. However, **please do not use photographs of me for any advertising purposes beyond *Imagine Day Camp’s* website.**

_____ Please take photos of me **only for use in the end-of-summer camp video** which will be posted as an unlisted video on YouTube. **Please do not post photos of me on the website or on any advertisements for *Imagine Day Camp* or Winnetka Covenant Church.**

_____ Please **do not take or use photographs of me at *Imagine Day Camp*.**

I have read through this waiver and understand my selection regarding photos of me during the 2024 camp season.

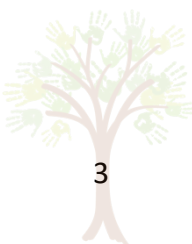
Applicant Signature: _____

I have read through this waiver and understand and support my child’s selection regarding camp photographs.

Parent/Guardian Signature: _____

Printed Parent/Guardian Name: _____

Date (mm/dd/yy): _____ / _____ / _____



**ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO THE
CORONAVIRUS/COVID-19**

The Coronavirus, or COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. While *Imagine Day Camp* will have preventative measures in place to reduce the spread of COVID-19, *Imagine Day Camp* cannot guarantee that you will not become infected with COVID-19. Additionally, participation could increase your risk of contracting COVID-19.

**PLEASE READ THE FOLLOWING STATEMENTS AND INITIAL EACH PARAGRAPH TO INDICATE YOUR
ACKNOWLEDGEMENT.**

_____ (INITIALS) By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at *Imagine Day Camp* may result from the actions, omissions, or negligence of myself and others, including, but not limited to, *Imagine Day Camp* employees, campers, and all associated families.

_____ (INITIALS) By signing this document, I agree that if I am exposed to or infected by COVID-19 during my participation at *Imagine Day Camp*, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

_____ (INITIALS) Should *Imagine Day Camp* close due to a COVID-19 outbreak, I understand that I will only be paid through the end of the week of the outbreak with no guaranteed future income for the summer.

_____ (INITIALS) I agree that I will practice safe social distancing and maintain clean hygiene throughout my employment at *Imagine Day Camp* for the safety of myself and others.

Applicant:

I understand the risks of COVID-19 and confirm my signed statements above should I be hired at Imagine Day Camp.

Applicant Signature: _____

Date (mm/dd/yy): _____ / _____ / _____

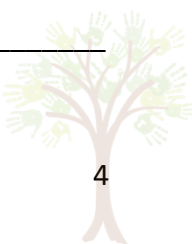
Parent/Guardian:

I understand the risks of COVID-19 should my child be hired at Imagine Day Camp and I support and confirm their acknowledgement of the above statements.

Parent/Guardian Signature: _____

Printed Parent/Guardian Name: _____

Date (mm/dd/yy): _____ / _____ / _____



GROUP ASSIGNMENT PREFERENCE:

Should you be on our team this summer, which age group(s) would you feel most comfortable working with?
Please select all that apply.

Age Group	✓	Group Gender	✓
3-Year-Old Group (<i>Co-Ed</i>)		Boys Group	
4-Year-Old Group			
Kindergarten Group		Girls Group	
1st Grade Group			
2nd Grade Group		No Preference	
No Preference			

DISMISSAL PREFERENCE:

Should you be on our team this summer, please indicate the dismissal time you would prefer. “Extended Day” involves eating lunch with your designated group and participating in 1-2 teacher-lead activities (*or playground time*) until second dismissal.

_____ 12:00 PM Dismissal _____ 1:30 PM MWF Dismissal (6 Weeks) _____ Either

If you are unable to commit to a 6-week “Extended Day” placement but are able to assist on certain days or weeks, please indicate your availability below! Select all days that apply with a ✓.

Week & Dates	Monday	Wednesday	Friday
Week #1 (6/17 – 6/21)			
Week #2 (6/24 - 6/28)			
Week #3 (7/01 – 7/05)			
Week #4 (7/07 – 7/12)			
Week #5 (7/15 – 7/19)			
Week #6 (7/22 – 7/26)			

**note: we will do our best to accommodate staff and group assignment preferences, but camper attendance will be the deciding factor for both. Thanks for understanding!*

****Please turn to page 6 for response questions****



WHY DO YOU WANT TO WORK WITH US?

1. Why would you like to be an FC (Future Counselor) for *Imagine Day Camp*?

2. Please explain your history of working with children:

3. What special skills/qualities would you bring to this role?

