



Imagine Day Camp

Counselor Application Form 2022 | Ages 16+

Camp Dates: June 13th – July 22nd, 2022 (No camp 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 through May 1st, 2022 if our team is not already full. Hiring decisions will be made no later than May 15th, 2022. Please print your application and mail to/drop it off at:

Imagine Day Camp
625 Laporte Ave
Wilmette, IL 60091

While printed copies are preferred, you are also welcome to email a PDF of your application to imaginedaycamp@gmail.com if you are unable to print, drop-off, or mail.

Please print the following in blue/black ink.

APPLICANT INFORMATION:

Legal Given Name (Last, First, MI) _____
 Street Address: _____ City: _____ Zip: _____
 Cell Number: _____ E-Mail: _____
 Date of Birth (mm/dd/yyyy): _____ / _____ / _____ Referred By: _____
 Grade as of Sept. 2022 (if applicable): _____ School (if applicable): _____
 T-Shirt Size (Adult S-XXL) _____ Social Security #: _____ - _____ - _____ (needed for tax purposes)
 Emergency Contact #1: _____ Contact Phone #: _____
 Emergency Contact #2: _____ Contact Phone #: _____

EDUCATION:

College or University: _____
 High School: _____

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 Monday, 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: _____
- 2. Name: _____ Occupation: _____
Phone: _____ E-Mail: _____

PREVIOUS EMPLOYMENT:

- 1. Company Name: _____ Position Held: _____
Address: _____
Reason for Leaving: _____
- 2. Company Name: _____ Position Held: _____
Address: _____
Reason for Leaving: _____

EMERGENCY RELEASE: (if applicant is **under 18**)

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: _____ Date: ____/____/____

Name of Parent/Guardian (please print): _____

EMERGENCY RELEASE: (if applicant is **over 18**)

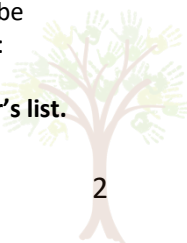
In the event of an emergency, I authorize *Imagine Day Camp* to secure, from any licensed hospital, physician and/or other medical personnel, any treatment deemed reasonable and necessary for my immediate care. I understand that I am responsible for all affiliated expenses.

Applicant Signature: _____ Date: ____/____/____

BABYSITTING LIST:

Each season, we send a "Babysitting List" to our camp families for use throughout the year(s). 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.imagedaycamp.com, for use in the end-of-the-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-the-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-the-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-the-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*.**

If applicant is 18 years old or older:

I have read through this waiver and understand my selection regarding photos of me during the 2021 camp season.

Applicant Signature: _____

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

If applicant is under 18 years old:

I have read through this waiver and understand and support my child’s selection regarding photographs during the 2021 camp season.

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.

If applicant is 18 years old or older:

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): _____ / _____ / _____

If applicant is under 18 years old:

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): _____ / _____ / _____



WHY DO YOU WANT TO WORK WITH US?

1. Why would you like to be a 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?

DISMISSAL PREFERENCE:

Should we be able to safely provide "Lunch Bunch," please indicate the dismissal time you would prefer.

_____ 12:00 PM Dismissal _____ 1:30 PM MWF Dismissal _____ Either

**note: we will do our best to accommodate staff preferences, but camper attendance will be the deciding factor of staffing for each dismissal. Thanks for understanding!*

