



Junior Counselor Program

Ages 13-15

Earn 32-40 volunteer hours!

The Junior Counselor program (formally Leader in Training) at the Hamilton/Burlington SPCA runs for the week of March Break camp and every week of Summer camp. All youth receive on-site orientation to the SPCA as well as specific camp orientation and roles and responsibilities. They will then support our camp counselors during one week of camp while under the supervision of an experienced camp counselor and camp supervisor. The Junior Counselor program and volunteer hours are both a great way to build a resume.

Youth can earn up to 40 volunteer hours during a week of camp. Please note that there are two 4 day summer camp weeks because of holidays where youth will earn up to 32 hours. Certificates are handed out at the end of each week to verify hours. Each youth evaluated by the camp supervisor, with the help of the camp counselor to whom they were assigned.

Youth are given responsibilities within the camp, helping out the counselors, the children, and the animals. Their commitment to these responsibilities is extremely important to the overall success of camp.

PLEASE NOTE:

- Applications will be pre-screened. Some applicants will be invited to participate in an interview before being selected to participate in the Junior Counselor Program. You will be contacted with interview dates/times.
- March Break Camp: 5 youth will be selected
- Summer Camp: 5 youth will be selected per week of camp
- Certificates are handed out at the end of each week to verify hours. ***A \$10 administrative fee will apply to reissue a certificate.***

Ages: 13-15 years old

Cost: \$90 per week for 5 days weeks. \$72 per week for 4 day weeks.

***Youth are only able to register for 1 week during the summer program.**

***Payments are processed after youth are selected to participate in the program. Cost covers the orientation and supervision. The volunteer hours begin on the first day of camp.**

Orientation: These are mandatory orientation dates. There are no exceptions. Junior Counselors that sign up for a week of March Break and a week of summer camp must come to both orientation sessions.

March Break: Saturday, March 4, 2017 – 9:00am-11:00am (*interviews will be held in February*)

Summer Camp: Saturday, June 24, 2017 – 9:00-11:00am (*interviews will be held in May*)

Hamilton/Burlington SPCA Junior Counselor Program Information

- **Commitment:** Please note the orientation session and the week that you registered for. Missing days, late arrivals, or early departures will jeopardize your acceptance or ongoing participation in the Junior Counselor program. There are no make-ups possible for missed orientation.
- **Punctual & Prepared:** As members of our camp team, Junior Counselors are expected to be punctual. The team needs to know that they can count on each member, so being 'on time' and 'ready-to-go' for all activities will keep the day flowing smoothly.
- **Responsible:** Junior Counselors will have many responsibilities throughout a camp week, so it is important for each team member to stay on top of their tasks. Mistakes will happen and we will all learn from our errors. Each team member is expected to seek support/guidance in finding a solution to mend the situation or to prevent the same error from occurring again.

Allergies

- The Hamilton/Burlington SPCA includes guest speakers and animals as part of its camp programming. Prior to registering for the Counselor in Training Program, consideration should be given to:
 - Do you have any allergies to certain types of animals?
 - Do you have asthma triggered by certain types of animals?
 - Are you fearful of certain types of animals?
 - Are there religious beliefs that may impact on the presence of an animal?

Lunches and Snacks

- Please pack a lunch, a few snacks and bring a reusable water bottle.
- **PLEASE NOTE ALL LUNCHES AND SNACKS MUST BE NUT FREE.**

My preferred camp week date(s):

March Camp

Summer Camp: Preference 1) _____ Preference 2) _____
 Preference 3) _____

There are several ways to return your application form

Email	Fax	Mail	In Person
Scanned form to tcelik-sonne@hbspca.com	905 574-9087 (Write credit card Number on form)	245 Dartnall Rd. Hamilton, ON L8W 3V9	Humane Educators office or Administration Admin hours: M-F 9-4 SPCA hours: M-T 12-5, W-F 12-7:30 Sat 10-5 & Sun 12-4

If you have questions please contact at 905 574-7722 ext 326 OR email humaneed@hbspca.com



Junior Counselor Program Application Form

Youth Name: _____ Parent/Guardian name: _____

Date of Birth (mm/dd/yy) : _____ Age: _____ Gender: _____

Address: _____
(Street / Apartment) (City) (Postal Code)

Phone Number: _____ Parent/Guardian Email: _____

Would you like to subscribe to our e-newsletter? YES NO

Youth Email: _____ Would you like to subscribe to our youth MEWSletter? YES NO

Emergency number: _____ Relationship: _____

Do you have any pets at home? Please Specify: _____

Camp Week:

March Break 2017

March 13-17, 2017

Summer Camp 2017 (Please indicate top 3 preferences)

Week 1 – July 3-7

Week 5 – July 31 – August 4

Week 2 – July 10-14

Week 6 – August 8-11 (4 day week - \$72)

Week 3 – July 17-21

Week 7 – August 14-18

Week 4 – July 24-28

Payment calculation:

Refunds: A \$25 administration fee will be charged for withdrawal from the program up to 2 weeks before your orientation date. After this time no refund will be issued. No refunds will be issued for shifts missed for any reason including illness.

Week Number _____	___ X \$90.00 ___ X \$72.00	\$
Donation to help a youth in financial need join the program (donations over \$10 receive a tax receipt)	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other amount \$ _____	\$
	TOTAL:	\$

PAYMENT WILL BE PROCESSED AFTER YOU HAVE BEEN ACCEPTED INTO THE PROGRAM. PAYMENTS CAN BE MADE ON ORIENTATION DAY OR THE FIRST DAY OF CAMP

Liability Waiver:

I, the undersigned, hereby give permission for my child to attend and participate in all activities during the Hamilton/Burlington SPCA Jr. Counselor Program. I understand that as part of this program that my child will be in direct contact with animals. I agree that my child will abide by all the rules and regulations of the HBSPCA. I further absolve the Hamilton/Burlington SPCA of any liability from any incident which may occur.

Signature of Parent / Guardian

Photo Release Waiver:

I, the undersigned, **DO / DO NOT (please circle one)** give permission for photos to be taken of my child as part of the program and during camp, for use in promotional documents such as future and camp flyers. I also give permission for my child to be part of any media coverage that might occur during camp.

Signature of Parent /Guardian

Orientation:

I understand that there are orientation session(s) as well my camp week(s). I understand that there will be no reminder about the orientation date and there is no possibility of a make up. Please initial below.

March Break orientation session Saturday March 4, 2017 – 9:00-11:00am Initials: _____

Summer camp orientation session: Saturday June 24, 2017 – 9:00-11:00am Initials: _____

Dress Code: Junior Counselors must be dressed in clothing suitable for an active day that will be spent *in and out-of-doors* working and playing with children. Junior Counselors should wear clothing practical to a camp environment and be ready for potential shifts of weather. All Junior Counselors must wear closed toed, rubber-soled foot wear. Casual pants, Jeans without rips, faded, or torn, shorts (not more than 2 inches above the knee), and capris are all acceptable.

I have read and will conform to the camp dress code stated above Initials: _____

How did you hear about the Junior Counselor Program?

- SPCA website Kijiji Word of Mouth Previous SPCA Program Visit to SPCA
Flyer or Brochure Cable 14/CHCH Newspaper Facebook Other _____

HEALTH INFORMATION:

Please list any Special Needs your child may have (physical, health, developmental, behavioral or emotional) that may affect their ability to participate in camp activities:

Please list any allergies:

Health Card Number:

Does your child have:

A medical alert? YES ___ NO ___

Cardiac Condition? YES ___ NO ___

Epi-Pen? YES ___ NO ___

I authorize the medication to be given/I fully acknowledge that with administration of medication by staff of the HBSPCA there may be certain risks for which I will not hold the HBSPCA or any of its staff or volunteers responsible.

DATE: _____ SIGNATURE: _____

Physician's Name: _____

Physician's Phone Number: _____