



# A WOMAN'S PLACE (AWP) Peace Works Camp Lower Bucks!



Summer 2020 Teen Camp Counselor Application  
For students in grades 10-12  
June 22-26, 2020

## Teen Counselor Info:

First & Last Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_

Grade (Fall 2020): \_\_\_\_\_

School: \_\_\_\_\_ T-shirt size (circle one): Kids **OR** Adult S M L XL

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

## Parent/Guardian Info:

First & Last Name \_\_\_\_\_

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

Does your parent/guardian work or volunteer for AWP? \_\_\_\_\_

## TELL US ABOUT YOURSELF!

Extracurricular Activities: Please list any sports, clubs or hobbies you participate in.

Describe any jobs, personal experiences, or volunteer opportunities that you think will help you be an effective Teen Counselor.

Why do you want to be a Teen Counselor? What kind of experience do you hope to gain?

**To the parent/guardian of each Teen Counselor:**  
**Please read each section below, and sign only the sections with which you agree.**

**Release of Liability:**

I acknowledge that there may be natural hazards associated with camp-related activities in the outdoor setting. I hereby affirm that my child is in good health and physically capable of performing camp activities. I hereby release and forever discharge the staff, volunteers, and supporters of Peace Works Camp from all claim of liability for any damages, injuries, or medical fees that may be sustained while my child is at camp.

\_\_\_\_\_  
Parent/Guardian Signature

**Photo Release:**

I hereby give my permission for my child to be photographed at Peace Works Camp, and for my child's picture to be used on AWP's website, publications, or video programs.

\_\_\_\_\_  
Parent/Guardian Signature

**Release of Teen Counselor:**

Unless ordered by a court to do otherwise, all Teens will be released at the end of each day to their parent/guardian OR one of the individuals listed below. **NO EXCEPTIONS. Parents MUST supply AWP with a copy of EACH individual's photo ID prior to Day One of Camp, and photo ID must be provided at time of pick-up.** In addition to the parent/guardian listed on page one, \_\_\_\_\_ may be released to the following individual(s):

*First & Last Name of Teen*

Name: \_\_\_\_\_ Telephone #: (        ) \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: (        ) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

**Teen Counselor Code of Conduct**

I understand that as a counselor, I am a volunteer, a leader and a role model. I will treat all AWP staff, volunteers and campers with respect. My role as a counselor is to aid in the learning of the campers, help staff with daily activities, and make sure all campers feel included, are safe, and have fun.

Teen Counselor Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Applications must be submitted by **Monday, June 18, 2020**. Mail, email, or fax to:

A Woman's Place  
Attn: Rachele Daniels (rdaniels@awomansplace.org)  
P.O. Box 299  
Doylestown, PA 18901  
Phone: 215-343-9241 ext. 114  
Fax: 215-343-3411

**Registration will be reviewed on a rolling basis as spots are limited. Submitting an application does not guarantee a spot as an Teen Counselor.**

