

VBHS Drama Camp Counselor Application

Name: _____ Age: _____

Grade (2019-2020): _____ Gender: _____

Email Address: _____

Home Address: _____ City: _____

Zip: _____ Home Phone: _____ Cell Phone: _____

Parent Name: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact if parent cannot be reached: _____ Phone: _____

Allergies/Health Problems/Medications:

Please indicate the Qualities you possess that are important for a camp counselor:

Work Dates are June 10-14 and 17-23, 9am-5pm, Monday-Friday.
Performances are June 21 & 22 at 7:00pm and June 23 at 2:00pm.

Please indicate any possible conflicts you have with these dates: _____

Space is limited to 12 students.

Please sign that you understand and agree to the information below.

I, _____, understand that I must pass a drug screening to earn the employment as a camp counselor. I will work for the full two week camp, including performances, unless other arrangements have been made in advance. I will demonstrate mature and responsible behavior. I will take all possible precautions to ensure that the activities at Vero Beach High School Drama Camp are conducted in a safe matter. I will follow all rules and policies as set forth by the School District of Indian River County.

The Vero Beach High School Drama Camp has my permission to use my photograph, video and audio recordings in future publications, web pages, and other promotional materials produced, used by and representing the Vero Beach High School Drama Department. I understand that the circulation of materials could be worldwide and that there will be no compensation to me for this use.

Signature and Date