



Inspire

Educate

Entertain

Savannah Children's Theatre

2019 Summer Program Junior Counselor Application (rising 9th - 12th graders)

Session 1 June 3– June 16 Session 2 June 17 – June 30 Session 3 July 8- July 21

Name _____

Mailing Address _____ Zip _____

Cell Phone _____ DOB _____ Gender _____ Current Age _____

Email Address _____

School _____ Grade _____ (2019/2020)

Previous Volunteering Experience and/or Work Experience: (use back of form if necessary)

Session(s) you are available (**you must be able to work a full session to be considered**)

___ **Session 1 (June 3 - June 16)** ___ **Session 2 (June 17 – June 30)** ___ **Session 3 (July 8- July 21)**

Parent/Guardian Information:

Name _____

Phone #'s _____

Emails _____

Emergency Contact If You Cannot be Reached (Name & Phone) _____

If accepted into our program, Junior Counselors must attend the mandatory training session on **May 4 at 5:30pm**. Work hours are from 8:45am-5:15pm, or until all job duties finished. Junior Counselors will be scheduled to open (arrive by 8:00am) or close (leave by 6:00pm) at least once per session. All Junior Counselors must work the entire session of camp including the show weekend, no exceptions! All counselors must bring their own lunch. A snack and drink will be provided in the afternoon. Junior Counselors can attend the high school camp (July 22 – August 4) at a reduced tuition rate. This discount applies to Session 4 high school camp ONLY. Counsel one session, pay \$400. Counsel two sessions, pay \$250. Counsel three sessions, pay \$100. **No applicant will be considered for this program unless they have filled out a form and turned it in with their parent/guardian signature.** SCT is a 501 (c) 3 Non-profit organization. Volunteer hours with us count towards required high school community service hours.

I give permission for my child to attend and participate in theatre events sponsored by The Savannah Children's Theatre. I acknowledge that by doing so, there is a possibility of physical injury to my child and I release the Savannah Children's Theatre, its operators, instructors and representatives for all damages my child may sustain or suffer while attending and participating in such events. I assume full financial responsibility for any treatment necessary in the event of personal injury. SCT is not responsible for lost or stolen electronics. I understand that The Savannah Children's Theatre retains the right to use photographs of participants taken at SCT for publicity and advertising purposes.

Student's Signature _____ **Date** _____

(Please list any allergies or medical concerns on the back of this form)

Parent's Signature _____ **Date** _____