Inventor’s Summer Camp Junior Counselor
Application Instructions

Junior counselor applications are due to the Edison & Ford Winter Estates by April 24, 2020, any applications received after this date will not be accepted.

Application Instructions:

1. $50 cost to cover the training program and junior counselor t-shirts (each counselor receives 1 t-shirt)
2. Junior counselor positions are enrolled on a competitive basis
3. Junior counselors must have completed 7th grade.
4. Junior counselors must be signed out by a parent or guardian daily
5. Each application must be accompanied by a two-page essay describing why you would like to be a junior counselor
6. Enrollees will only receive ONE week of camp which equates to 40 hours of volunteer service, Camp is from 8:45am until 4:15pm daily. Please indicate 1st, 2nd and 3rd choice for weeks. Some junior counselors may be chosen for a maximum of 2 weeks.
7. Each week will be limited to one junior counselor per camp.
8. If chosen must attend an orientation meeting on May 16, 2020 from 11 am-12 pm, this is a mandatory meeting for all junior counselors chosen.

Mail to:
Edison & Ford Winter Estates
ATTN: Junior Counselor
2350 McGregor Blvd
Ft. Myers, FL 33901

For more information contact:
Leeanne Criswell
239-334-7419
lcriswell@edisonford.org
STUDENT VOLUNTEER Application – SUMMER PROGRAM JUNIOR COUNSELOR

(PLEASE PRINT)

Name: ___________________________________________ Date: __________________

Last   First   M.I.

Address: ______________________________________________________________________

City ______________________________________ State: ___________   Zip Code: ________

Home Phone Number:  (___) ______________________ Cell: (___) ___________________

Email: ______________________________________ Date of Birth: ______________________

School/Major: _______________________________________________________________________

Purpose of volunteering (e.g. service learning hours, etc.): ___________________________________

Special Skills: foreign / sign language/other: _____________________________

Emergency Contact: Name:  ______________________________________________________

Telephone: ______________________________________________________

Relationship: ______________________________________________________

Other Volunteer Service: ____________________________________________________________

Week(s) Available (Please indicate 1st, 2nd and 3rd choice):

☐ June 8-June 12  ☐ June 15 – June 29
☐ June 22 – June 26  ☐ June 29-July 3
☐ July 6-July 10  ☐ July 13-July 24 (Filmmakers two-week session)
☐ July 27-July 31  ☐ Aug 3-Aug 7

AGREEMENT

I agree to volunteer from 8:45AM – 4:15 PM each day of camp. If I am unable to report for my assignment, I will give adequate notice to EFWE. I agree to perform all tasks in a professional and business-like manner with the understanding that I am representing EFWE and my school while I am volunteering. I agree to fill out an EFWE time sheet (located in the Museum) each day upon arrival and sign-out before leaving to record my volunteer hours. In the course of performing services under this agreement, EFWE may communicate information to the Volunteer or the Volunteer may have access to EFWE information. The Volunteer shall treat all such information as confidential, whether or not it is identified as confidential and shall not disclose to any third party or use, for purposes not agreed upon by EFWE.

_____________________________________________  ______________________________
Signature of Volunteer                                                                       Date

_____________________________________________  ______________________________
Signature of Parent if Volunteer is under 18    Date

FOR Office USE ONLY

Start date: _________    Assignment: _____________________________   Orientation: _________