

## **Junior Counselors**

To be an eligible candidate for camp  
You are required to:

### **Returning Junior Counselors:**

1. Complete all Application materials and mail to the Youth Camp mailing address.

### **New Junior Counselors:**

**1. Complete all Application materials and mail to the Youth Camp mailing address.**

**2. Submit three references to the mailing address.**

**3. Compose a 500 word essay answering the following questions:**

- Describe an AWESOME experience you had at Youth or Teen Camp. (If you have never attended either camp, use another experience.)
- Pick a person (in your life) that you think is a GREAT leader. What do you believe makes this person GREAT?
- Why do you believe you should be selected to be a Junior Counselor?
- List extra curricular activities associated with your school or other organizations you are involved in.
- Describe your leadership experiences, strengths, or personal qualities.

**E-mail essay to [mngyc@comcast.net](mailto:mngyc@comcast.net)**

**Selection will be made in June based on time of registration, past performance, references, essay and the number of junior counselors needed to support camp. Applicants will be notified of acceptance at that time.**

**Any questions please send to the Youth Camp e-mail address [mngyc@comcast.net](mailto:mngyc@comcast.net)**



# MN NATIONAL GUARD YOUTH CAMPS Physician Form

211 North McCarrons Blvd. Roseville, MN 55113 • Phone: 763-670-1251 • Fax: 651-558-2340

Applicant's Full Name (print please): \_\_\_\_\_

### Physical Exam (check one of the following):

- This is a new Application. The below portion has been completed by License Medical Personnel.
- A copy of the applicant's last physical exam is on file, and there have not been any changes in the applicant's health since last summer National Guard Youth Camps. (Good for 24 months)  
The date of the last physical exam was: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- There have been changes to the applicant's health. A copy of a signed exam form has been provided or the below portion has been filed out and signed.

**Note; If a physical form signed by camper's health care provider, is not on file from the previous year camps, documentation of a recent physical exam must be submitted.**

**THIS PORTION (OR AN EQUIVILANT SIGNED PHYSICAL EXAM FORM) NEEDS TO BE COMPLETED EVERY TWO YEARS BY A LICENSED MEDICAL PERSONNEL AND SUBMITTED BY JUNE 30<sup>th</sup> FOR CAMP PARTICIPANT TO ATTEND!**

**\*\*\* NO EXCEPTIONS \*\*\***

Dr. \_\_\_\_\_ examined this individual on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

In the Doctor's Opinion, the above applicant is able to participate in a physically camp program without restrictions (please check one):

YES     NO

If not, please explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Licensed Medical Personnel (MD, PA or NP): _____	
Printed: _____	Date: _____
Address: _____	
Phone: _____	Date: _____



# MN NATIONAL GUARD YOUTH CAMPS

## Health History/Exam Form

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Applicant's Full Name (print please): \_\_\_\_\_

**THIS HEALTH HISTORY MUST BE COMPLETELY FILLED AND SUBMITTED BY  
JUNE 30th IN ORDER FOR THE CAMP PARTICIPANT TO ATTEND.**

**\*\*\*\* NO EXCEPTIONS \*\*\*\***

The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care. This Health history must be filled out by the legal parents or guardians. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs. Update required annually.

Applicant's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Male  Female

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: H: \_\_\_\_\_ W: \_\_\_\_\_

### **Emergency Contact Information (If Unable to contact Parent/Guardian)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: H: \_\_\_\_\_ W: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: H: \_\_\_\_\_ W: \_\_\_\_\_

### **AUTHORIZATIONS**

This health history form is complete and correct to the best of my knowledge.

I hereby give authorization for the medical personnel selected by the camp director to provide routine health care, administer prescribed and over-the-counter medications, and seek emergency medical treatment including x-rays and routine tests.

In the event of an emergency involving my child I understand that every effort will be made to contact me. In the event that I or my emergency contact cannot be reached, I authorize the physician to administer treatment including hospitalization, medications, and emergency surgery and anesthesia.

I agree to the release of any records necessary for insurance purposes.

I give permission for the camp to arrange necessary related transportation for me (camp volunteer) or my child.

This completed form may be photocopied for treatment out of camp.

Signature of parent or legal guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



Applicant's Full Name (print please): \_\_\_\_\_

DO YOU HAVE ANY ALLERGIES (MEDICATION, FOOD, ENVIRONMENTAL)?

	Allergy	Reaction	Treatment
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

\*\* If the camper requires a bee sting kit, he/she must bring it to camp.\*\*

CURRENT MEDICATIONS:

	Medication	Dose	Reason for taking
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

\*\* All medications must be brought to camp in original container labeled with camper's name, medication, dose, and administration instructions. Campers will bring enough medication for the duration of camp.\*\*

Are Immunizations up to date? Y / N

Annotate Dates the Following Immunizations Were Give:

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Chicken Pox \_\_\_\_\_  
 German Measles \_\_\_\_\_ Hepatitis A \_\_\_\_\_ Hepatitis B \_\_\_\_\_  
 TB Test \_\_\_\_\_

Does the Camper have any restrictions?

Dietary: \_\_\_\_\_

Activities: \_\_\_\_\_

Applicant's Full Name (print please):

I understand and agree to abide by any restrictions placed on my camp participation.

Signature of camper or volunteer: \_\_\_\_\_



# MN NATIONAL GUARD YOUTH CAMPS

## Junior Counselor Consent Form

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Applicant's Full Name (print please): \_\_\_\_\_

### **Approval of Parent or Guardian:**

- I certify that I am the legal parent or guardian of the child listed on this application, and the he or she has my permission to serve as a Junior Counselor at the Minnesota National Guard Youth Camp
- I understand that if false information has been given for the sole purpose of my child attending camp, he or she will be asked to leave camp. If he or she did not drive their own vehicle, I will pick them up within 12 (twelve) hours of being notified.
- I give my permission for the release of my child's name, address and phone number to be provided to fellow campers and staff for the purpose of future communications. It will not be sold or distributed for any other use. Any photos or videos may be used for the promotion of the Minnesota National Guard Youth/Teen Camp.
- I hereby waive any claim against the Minnesota National Guard, the Department of Military Affairs, the State of Minnesota, the United States of America, or the Minnesota National Guard Youth Camps for any causes that may arise in connection with the participation of \_\_\_\_\_

(Junior Counselor's Name)

(In the Minnesota National Guard Youth Camp.)

**I have read and agree to the above:**

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



# MN NATIONAL GUARD YOUTH CAMPS

## Reference Form

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Applicant's Full Name (print please): \_\_\_\_\_

### Instructions:

**Camp Applicant:** Please fill in your name above, and give a copy of this form to three (3) references. Please do not use family members.

**Applicant's Reference:** The above individual is volunteering for a position with the Minnesota National Guard Youth Camp. As part of the Youth Staff, it is very important that each individual demonstrates a mature attitude toward leadership and a responsible concern for the safety and welfare of the children in our care. Please rate this person as accurately and honestly as possible. Your responses will be kept confidential. Send your form to: MN National Guard Youth Camps, 211 North McCarrons Blvd. Roseville, MN 55113 by June 30<sup>th</sup>.

**Thank You!**

### *PERSONAL REFERENCE*

Please rate the individual on the items below:	Excel- lent	Very Good	Good	Fair	Poor	No Info
<b>LEADERSHIP:</b> Easily takes on the role of a leader and motivates others.						
<b>RESPONSIBILITY:</b> Capable of making decisions that reflect good judgment.						
<b>DEPENDABILITY:</b> Completes work with minimal supervision safely and in a timely manner.						
<b>INTEGRITY:</b> Displays convictions to a positive set of values.						
<b>MATURITY:</b> Exhibits a positive attitude when dealing with interpersonal relationships.						
<b>FLEXIBILITY:</b> Adapts to new assignments quickly and easily.						
<b>COOPERATIVE:</b> Shows willingness to work as a team member.						
<b>STRESS:</b> Tolerates emotional and stressful situations with clear thinking and confidence.						
<b>CRITICISM:</b> Responds openly and positively to feedback.						



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Applicant's Full Name (print please): \_\_\_\_\_

### ***NARRATIVE COMMENTS:***

Please comment on the applicant's suitability and readiness to work as youth leader.

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Are you aware of any emotional or chemical dependency problems that may affect this individual's job performance?

NO     YES

Explain if answered YES: \_\_\_\_\_

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How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant?

FRIEND \_\_\_\_\_ EMPLOYER \_\_\_\_\_ RELATIVE \_\_\_\_\_ OTHER \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Thank you for your time and cooperation*

## Packing List for Junior Counselors



### Clothing Items

(Bring Old Destroyable Clothes)

- \_\_\_\_\_ Shirts (8) All shirts brought to camp are expected to cover the shoulders and extend over the campers pants or shorts. (NO tank, muscle, spaghetti strap or bare midriff shirts)
- \_\_\_\_\_ Shorts (4) **(Not overly short)**      \_\_\_\_\_ Swimsuit (1) **(ONE PIECE ONLY)**
- \_\_\_\_\_ Long pants/jeans (4)
- \_\_\_\_\_ Socks (10 pair)      \_\_\_\_\_ Underwear (8 pair)
- \_\_\_\_\_ Sweatshirts (2 ), one should have a hood
- \_\_\_\_\_ Pajamas (2 pair)

### Toiletry Items

- |                                   |                                                |
|-----------------------------------|------------------------------------------------|
| _____ Bath towels                 | _____ Soap and Shampoo (In Plastic Containers) |
| _____ Washcloths                  | _____ Comb or brush                            |
| _____ Toothpaste/Toothbrush       | _____ Deodorant                                |
| _____ Sanitary napkins or tampons | _____ Shaving Items                            |

### General Items

- |                                                                                |                                     |
|--------------------------------------------------------------------------------|-------------------------------------|
| _____ Sleeping bag                                                             | _____ Padlock (with 2 keys)         |
| _____ Camera                                                                   | _____ Pillow                        |
| _____ Rain gear (no umbrellas)                                                 | _____ Flashlight                    |
| _____ Beach towel (1)                                                          | _____ Baseball or softball glove    |
| _____ Sport strap for glasses                                                  | _____ Light jacket/wind breaker (1) |
| _____ Tennis shoes, must have laces (2 pair, one old pair to wear in the lake) |                                     |
| _____ Bicycle Helmet (Youth Camp will provide if you don't have one)           |                                     |

### Optional Items

- \_\_\_\_\_ Laundry soap (Washers and Dryers are available in billeting)
- \_\_\_\_\_ Rollerblades (If you want to use your own)
- \_\_\_\_\_ Rollerblade protective gear (If you want to use your own)(Helmet, Elbow pads, knee pads, and wrist guards are required)
- \_\_\_\_\_ Insect repellent (If you want to use your own)
- \_\_\_\_\_ Sun screen (Colorless)(If you want to use your own)
- \_\_\_\_\_ Suitcase or Duffel bag
- \_\_\_\_\_ Hair Dryer, Curling Iron
- \_\_\_\_\_ Alarm clock

**Cell phones are not allowed in camp.**

### WHAT NOT TO BRING TO CAMP!!!!!!

**!!You will be asked to leave Camp if any of these items are found!!**

- |                                             |                                                |
|---------------------------------------------|------------------------------------------------|
| <b>Knives or weapons of any kind</b>        | <b>Pets</b>                                    |
| <b>Alcohol products</b>                     | <b>Skateboards</b>                             |
| <b>Fireworks</b>                            | <b>Make-up</b>                                 |
| <b>Matches, lighters, or candles</b>        | <b>No personal weapons authorized at camp</b>  |
| <b>Hair spray</b>                           | <b>Sandals, open-toed or open-backed shoes</b> |
| <b>Medication (other than prescription)</b> | <b>Perfume or cologne (attracts bugs!)</b>     |