

# 2022 Summer Camp Junior Counselor Application

## PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Parent Phone Numbers: \_\_\_\_\_ Parent Emails: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Student Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Email: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Please circle your grade in school:    **9**                      **10**                      **11**                      **12**                      **Graduate**

School Name: \_\_\_\_\_ City: \_\_\_\_\_

## VOLUNTEER EXPERIENCE

Please list your volunteer experience, starting with the most recent, if applicable.

Name of Organization: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Name of Organization: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Name of Organization: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

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

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



## PREVIOUS SCI VOLUNTEER EXPERIENCE

Have you ever volunteered at the Science Center of Iowa? Please circle.

YES

NO

If yes, when and in what area did you volunteer? \_\_\_\_\_

## REFERENCES

Please list two personal references not related to you that we may contact on your behalf:

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## TIME AVAILABILITY AND PREFERENCE

Please rank the weeks (1 most preferred- 10 least preferred) you are able to commit to being part of our program, Monday 8:00 am - 4 pm and Tuesday through Friday 8:30 am – 4:30 pm. **Returning Jr. Counselors must be able to commit to a full week of camp. New Jr. Counselors are expected to commit to two full weeks. Please specify if you would like to volunteer more than the minimum two weeks.**

How many weeks would you like to volunteer? \_\_\_\_\_

**Week 1:** June 6-10 \_\_\_\_ **Week 2:** June 13-17 \_\_\_\_ **Week 3:** June 20-24 \_\_\_\_

**Week 4:** June 27-July 1 \_\_\_\_ **Week 5:** July 5-8 \_\_\_\_

**Week 6:** July 11-15 \_\_\_\_ **Week 7:** July 18-22 \_\_\_\_ **Week 8:** July 25-29 \_\_\_\_

**Week 9:** August 1-5 \_\_\_\_ **Week 10:** August 8-12 \_\_\_\_

iEARTH will take place weeks 2,3,5,6,7,8,9

I authorize the Science Center of Iowa to conduct a background check of my character in regard to criminal behavior, drug use or charges, sexual abuse or harassment, or other activities that may reflect upon the Science Center of Iowa.

I authorize my past and present employers, volunteer organizations and others with information regarding my work, my character and my volunteering experience to provide the Science Center of Iowa with all information requested and to cooperate fully with the inquiry of my qualifications. I also release those employers, references and other from all liability for providing information in good faith and without malice.

I understand that as a volunteer, I must conform to all rules and regulations of the Science Center of Iowa and that the relationship between me and the Science Center of Iowa may be terminated at any time by either party.

Applicants are considered without regard to race, gender, age, religion, nationality, political beliefs, sexual orientation or disability.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature (if applicant is under 18)*

\_\_\_\_\_  
*Date*



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DOME THEATER

**GETTING TO KNOW YOU- PERSONAL DATA**

1. Have you worked with or been responsible for children before? (Circle One) **YES** **NO**

If you answered yes- please explain below:

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2. What grades are you most comfortable working with? (Circle all that apply)

**1<sup>st</sup>/2<sup>nd</sup>**

**3<sup>rd</sup>/4<sup>th</sup>**

**5<sup>th</sup>/6<sup>th</sup>**

**7<sup>th</sup>/8<sup>th</sup>**

3. Would you be interested in helping with iEarth Camps? Outdoor camps will explore nature, water safety, create art, play games, get wet and learn how to appreciate the earth around us.

**YES**

**NO**

4. Do you enjoy being outside? (Circle One) **YES** **NO**

5. Do you own your own bicycle and helmet? (Circle One) **YES** **NO**

6. I would consider myself a... (Circle One)

**Terrible Biker**

**Somewhat Okay Biker**

**Strong Biker**

7. When it comes to swimming, I am a... (Circle One)

**Terrible Swimmer**

**Somewhat Okay Swimmer**

**Strong Swimmer**

8. Please list any special interests you have:

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**Applications Due Date: Friday, March 25**

**Complete and return application to:**

Volunteer Manager  
[volunteer@sciowa.org](mailto:volunteer@sciowa.org)  
 Phone: 515-274-6868 ext. 295