



Inspire

Educate

Entertain

Savannah Children's Theatre
2017 Summer Program Junior Counselor Application (rising 9th -12th graders)
 Session I June 5 – June 18 Session II June 19 – July 2 Session III July 10- July 23

Name _____

Mailing Address _____ Zip _____

Cell Phone _____ DOB _____ M ___ F ___ Current Age _____

Email address _____

School _____ Grade _____ (2016/2017)

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 5 - June 18) ___ Session 2 (June 19 – July 2) ___ Session 3(July 10- July 23)

Parent Information:

Name _____

Phone #'s _____

Email address _____

Emergency contact (Name & Phone) _____

If accepted into our program, Junior Counselors must attend the mandatory training session on May 24 at 6:00pm. 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 are able to attend the high school camp at Savannah Arts Academy at a reduced tuition rate. This discount applies to Session III high school camp ONLY. Counsel one session, pay \$300. Counsel two sessions and pay \$125. **No applicant will be considered for this program unless they have filled out a form and turned it in with their parent/guardian signature.**

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 any and 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 _____