

PlayGarden Junior Counselor Application

Want to learn how to be a summer camp counselor?
Register to be a Junior Counselor at the PlayGarden!



What is the PlayGarden's Junior Counselor Program?

The PlayGarden's Junior Counselor Program is a youth leadership program that runs in conjunction with the PlayGarden's fully-inclusive outdoor play-based Summer Camp program.

The program provides an opportunity for **young leaders ages 13-16** to learn what it is like to work as a camp counselor at the PlayGarden. Junior Counselors learn how to set-up camp activities, how to support and play with kids of all ages and abilities, and how to work collaboratively in a team environment while having fun!

The Junior Counselor program is led by a PlayGarden Camp Counselor who supports and encourages our Junior Counselors to set personal goals, participate in camp debrief conversations and develop leadership skills over the course of their time at the PlayGarden!

Junior Counselors can select **two weeks of summer camp** to participate in. Weeks do not need to be back to back. It is preferred that younger Junior Counselors work during the Huckleberries camps if possible. The Junior Counselor program costs \$500 for two weeks. Financial aid is available upon request.

We encourage young leaders with and without disabilities from all cultural and racial backgrounds to register!

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Junior Counselor Program Registration Process:

1. Have your youth fill out the Junior Counselor Application. Each Junior Counselor is able to participate for 2 weeks/summer. As there is high interest in this program, please be sure they have selected their **top three** preferences in the application for weeks to be in the program. Our staff will work hard to arrange the schedule to meet top preferences.
2. Send in the application by email to camp@seattleplaygarden.org or by mail to our office, 1745 24th Ave S. Seattle, WA 98144 during our open enrollment period March 4th-15th.
3. After March 27th we will confirm availability for the sessions you've requested and add you to our roster or waitlist.
4. Once enrolled, you will receive a Welcome Letter talking about next steps for Junior Counselors and a request for your immunization records. Payment will be due by April 15th.

PROGRAM FEES & SCHOLARSHIP REQUESTS

Each Junior Counselor can **sign up to help for two weeks of the summer**. We do not have junior counselors helping during our two weeks of teen camp. If your teen would like to attend Teen Camp please fill out our Summer Camp Registration Form and register as a camper.

The cost to participate in the Junior Counselor program is \$500 for two weeks. If this price is out of reach of your family we offer scholarships for families. Please include a little information about your financials when applying or contact our office at camp@seattleplaygarden.org.

USING DDA- RESPITE FUNDS

If you plan to use DDA respite funds to pay for camp program fees please email us your caseworker's name and email address along with your form to camp@seattleplaygarden.org.

IMMUNIZATION POLICY

In recent years, Washington state experienced a measles outbreak in epidemic form. To minimize the risk to any susceptible children and adults we require that you send in your child's up to date immunization records with your camper registration form or email them to Camp@seattleplaygarden.org.

Children attending programs at the Seattle PlayGarden, as well as the family members accompanying them, will need to be sure of measles immunity.

For additional information please visit Washington State's Department of Health website.

QUESTIONS

If you have any questions, contact the PlayGarden Office at (206) 325-5576 or email camp@seattleplaygarden.org and/or Camp Director, Hannah, at hannah@seattleplaygarden.org.

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Junior Counselor Registration Form

Junior Counselor Name: _____

Junior Counselor Email: _____

Junior Counselor Birthdate: _____

Junior Counselor T-Shirt Size (please circle) Youth: XS S M L XL Adult: S M L XL XXL

Junior Counselor Ethnicity/Cultural Identity: (voluntary – for reporting purpose only)

Primary language spoken at home: _____

Any other languages spoken at home: _____

Junior Counselor Home Phone Number or Cell Phone:

Parent Name/Caregiver #1 Email Address:

Parent Name/Caregiver #2 Email Address:

2025 Junior Counselor Program Dates:

***Please mark your (1st, 2nd, and 3rd) preference for the weeks you would like to participate. Each JC will be allowed to help for 2 weeks of the summer.**

_____ Garden Explorers Session 1, June 23-June 26

_____ Garden Explorers Session 1, June 30-July 3

_____ Garden Explorers Session 2, July 14th - 17th

_____ Garden Explorers Session 2, July 21st - July 24th

_____ Huckleberries, June 29th - July 28th-July 31

_____ Garden Explorers Session 3, August 11th -August 14th

_____ Garden Explores Session 3, August 18th - 21st

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JUNIOR COUNSELOR QUESTIONNAIRE

Your answers to the following questions will help us understand you better, so that we may make your time as a Junior Counselor successful and help us identify possible training opportunities.

1. How did you hear about the PlayGarden?

2. Why do you want to help as a Junior Counselor?

3. Have you volunteered/worked for a similar program before? If so, please describe where and the kind of related work

4. Do you have any hobbies or special interests that you would be willing to share with the PlayGarden? (i.e. a Second language, movement, sculpture, wood work, gardening...)

5. What areas do you want to gain skills in? Please select the skills you want to work on.

- | | |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Playing with children- such as creative play, imaginary play, active play, role playing | <input type="checkbox"/> Cooking with kids |
| <input type="checkbox"/> Problem solving between kids | <input type="checkbox"/> Organizational Skills |
| <input type="checkbox"/> Tips for including kids of various ages and abilities together in play | <input type="checkbox"/> Communicating with Adults |
| <input type="checkbox"/> Vegetable Gardening | <input type="checkbox"/> Communicating with Children |
| | <input type="checkbox"/> Leadership skills such as setting up + leading activities with kids or learning how to work as part of a team |

Do you have any dietary restrictions? If so, please describe.

Do you have any allergies? If so, please describe.

Do you have any special equipment needs you'd like us to know about?

Do you have any medical, learning, behavioral, or other special considerations/circumstances you'd like us to know about?

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Parent's/Caregiver's Name _____

Phone During Program Hours _____

Parent's/Caregiver's Name _____

Phone During Program Hours _____

Physician _____

Physician's Address _____

Physician's Phone _____

Allergies _____

Medications _____

Special Precautions

In the event of a medical emergency Seattle PlayGarden will call for assistance or give any necessary treatment to your child. Every effort will be made to contact you should such an emergency arise. If there is a need and a choice, we will transport your child to the hospital you list below:

Hospital _____

Emergency Contact

If an emergency arises and we are unable to reach you directly, we require the names of 3 trusted individuals we could contact. Please list their names and contact information below:

Name	Relationship to Child	Phone
1.		
2.		
3.		

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

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2024 AUDIO/VISUAL MEDIA RELEASE

Junior Counselor Name: _____

PHOTOGRAPHS: I give my permission for photographs to be taken of my child for program uses and informing the community about Seattle PlayGarden and its programs.

YES _____

NO _____

VIDEOTAPES: I give my permission for videotapes to be made of my child for program uses and to inform the community about Seattle PlayGarden and its programs.

YES _____

NO _____

WEBSITE: I give permission to Seattle PlayGarden to use media of my child on the Seattle PlayGarden Website: www.seattleplaygarden.org

YES _____

NO _____

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

IMPORTANT:

Please complete all pages and return to the Seattle PlayGarden.

1745 – 24th Avenue S.

Seattle, WA 98144

Camp@seattleplaygarden.org

(206) 325-5576