

# PlayGarden Junior Counselor Application

Want to learn how to be a summer camp counselor?

Apply 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 help 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!

### **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. Our staff will work hard to arrange the schedule to meet top preferences.
2. Send in the application by email to [camp@seattleplaygarden.org](mailto:camp@seattleplaygarden.org) or by mail to our office, 1745 24th Ave S. Seattle, WA 98144 during our **open application period February 23rd - March 13th**.
3. After March 23rd we will confirm availability for the sessions you've requested and add you to our roster or waitlist.
4. If accepted, you will receive an email with a Registration link to complete camper information, upload necessary documents and submit payment. Registration and payment due by April 10th.
5. As summer gets closer, you will receive a Welcome Letter talking about next steps for Junior Counselors.

### **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. To apply for a scholarship, complete the Scholarship Request form when accepted as a Junior Counselor.

### **USING DDA- RESPITE FUNDS**

If you plan to use DDA respite funds to pay for camp program fees please include your caseworker's name and email address when registering online. PlayGarden will coordinate with your case manager to complete the process.

### **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](mailto:Camp@seattleplaygarden.org).

Children attending programs at the Seattle PlayGarden, as well as the family members or staff 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](mailto:camp@seattleplaygarden.org) and/or Camp Director, Hannah, at [hannah@seattleplaygarden.org](mailto:hannah@seattleplaygarden.org)

## Junior Counselor Application Form

**Junior Counselor Name:** \_\_\_\_\_

**Junior Counselor Email:**

\_\_\_\_\_

**Junior Counselor Birthdate:** \_\_\_\_\_ **Gender Identity/Pronouns:** \_\_\_\_\_

**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)

\_\_\_\_\_

**Language(s) spoken at home:** \_\_\_\_\_

**Junior Counselor Home or Cell Phone #:** \_\_\_\_\_

**Parent Name/Caregiver #1 Phone Number + Email Address:**

\_\_\_\_\_

**Parent Name/Caregiver #2 Phone Number + Email Address:**

\_\_\_\_\_

## 2026 Junior Counselor Program Dates:

**\*Please mark your (1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup>) 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 22nd - June 25th

\_\_\_\_\_ Garden Explorers Session 1, June 29th - July 2nd

\_\_\_\_\_ Garden Explorers Session 2, July 13th - 16th

\_\_\_\_\_ Garden Explorers Session 2, July 20th - July 23rd

\_\_\_\_\_ Huckleberries, June 29th - July 27th - July 30th

\_\_\_\_\_ Garden Explorers Session 3, August 10th - August 13th

\_\_\_\_\_ Garden Explores Session 3, August 17th - 20th

## **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, etc)**

**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 or allergies? If so, please describe.**

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

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

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**Emergency Information**

**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, different from parents. Please list their names and contact information below:

| <b>Name</b> | <b>Relationship to Child</b> | <b>Phone</b> |
|-------------|------------------------------|--------------|
| 1.          |                              |              |
| 2.          |                              |              |
| 3.          |                              |              |

\_\_\_\_\_  
**SIGNATURE OF PARENT/LEGAL GUARDIAN DATE**

**2026 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 \_\_\_\_\_

**VIDEO RECORDING:** I give my permission for video recordings 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](http://www.seattleplaygarden.org)

YES \_\_\_\_\_

NO \_\_\_\_\_

**SOCIAL MEDIA :** I give permission to Seattle PlayGarden to use media of my child on the Seattle PlayGarden social media channels such as Facebook and Instagram. No identifiable information will be shared about your child.

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](mailto:Camp@seattleplaygarden.org)

(206) 325-5576