



Mary Help of Christians Camp  
659 Belmont Avenue  
North Haledon, NJ 07508  
camp@maryhelp.org

**MHCA STUDENT: COUNSELOR APPLICATION 2018**

NAME: \_\_\_\_\_ Present Grade: \_\_\_\_\_

ADDRESS: (Street) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_

List the qualities/talents you possess that you feel would make you a valuable asset to Mary Help of Christians Camp. (e.g. dance, singing, art, computer, drama)

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List any particular certifications you may have (e.g., lifeguard, first aid, CPR, etc.)

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List the names, phone numbers, and relationship of two people who would willingly serve as character references for you. (People over the age of eighteen who are NOT related to you.)

\_\_\_\_\_  
Name Phone Relationship

\_\_\_\_\_  
Name Phone Relationship

I understand that being a Counselor at MHCC reflects a commitment on my part to be a positive, Christian role model for the children and other staff members. I am aware that the use of alcohol or drugs at any time on MHCC premises or during my time of service/employment is cause for immediate dismissal. **I am aware that any information I post or is posted about me in a public domain, both electronic and non-electronic, that is not in keeping with Catholic values can be cause for immediate dismissal.**

Counselor's Signature \_\_\_\_\_

**PARENT CONSENT:**

I ask that my daughter/son \_\_\_\_\_ be considered for a position at Mary Help of Christians Camp. I am aware that she/he is offering her/his services for a minimum of three weeks period.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT COMMITMENT:**

I pledge myself to participate in PRE-CAMP MEETINGS/WORKSHOPS scheduled for:

**Friday, June 15<sup>th</sup> from 7:30PM-9PM (new staff only)**

**Saturday, June 16<sup>th</sup> from 10:00AM-1 PM (all staff)**

Check weeks you will participate.

*\*Placement in groups will be based on experience from previous years, length of service, the order application are received, and references.*

\_\_\_\_\_ All Season: June 25 to August 3, 2018

\_\_\_\_\_ Week 1: June 25<sup>th</sup> - June 29<sup>th</sup>

\_\_\_\_\_ Week 4: July 16<sup>th</sup> – July 20<sup>th</sup>

\_\_\_\_\_ Week 2: July 2<sup>nd</sup> – July 6<sup>th</sup>

\_\_\_\_\_ Week 5: July 23<sup>rd</sup> – July 27<sup>th</sup>

\_\_\_\_\_ Week 3: July 9<sup>th</sup> – July 13<sup>th</sup>

\_\_\_\_\_ Week 6: July 30<sup>th</sup> – August 3<sup>rd</sup>

I prefer to work with \_\_\_\_\_ a group, or \_\_\_\_\_ a special activity.

If special activity, which one? \_\_\_\_\_

I prefer to work with children age: \_\_\_\_\_ 4-6 \_\_\_\_\_ 7-8 \_\_\_\_\_ 9-10 \_\_\_\_\_ 11-13

What time would you prefer to work? \_\_\_\_\_ 7:30am-4pm \_\_\_\_\_ 8:30am-5pm

Do you have any siblings or relatives who will be campers here this summer? \_\_\_\_\_

If yes, what gender and age are they? \_\_\_\_\_

Signature of Student \_\_\_\_\_

\* One Camp Staff shirt will be given to new applicants. If you wish to purchase additional camp shirts, the cost is \$10 for each addition shirt. (Keep in mind that you have to wear a Camp Staff shirt everyday. Past Camp Staff shirts are allowed.)

Name \_\_\_\_\_

**STUDENT AGREEMENT FOR SERVICE AT MHCA SUMMER CAMP**

**SOPHOMORES (School year 2018-2019)**

\_\_\_\_\_ Service Hours  
(40 hours per week)

**JUNIORS/SENIORS (School year 2018-2019)**

\_\_\_\_\_ \$330.00 per week Tuition credit (\$66.00 per full day)

\_\_\_\_\_ Service Hours  
(40 hours per week)

I, \_\_\_\_\_, understand that I am committing myself to work for Mary Help of Christians Camp and, in return, I will receive the above-mentioned compensation. Failure to comply with the rules of the Camp, or failure to fulfill my duties responsibly could result in the loss of this position as well as any compensation that I would have received.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_ Current Grade: \_\_\_\_\_

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**Photo Release (for subjects under 18 years old)**

I (parent's name, please print) \_\_\_\_\_, give Mary Help of Christians Camp the absolute right and permission to use my child's photographs in news articles and brochures. I release the Missionary Society of the Salesian Sister, Inc., the photographer, their officers, employees, agents and designees from liability for any violation of any personal or propriety right I may have in connection with such use.

Name of child: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_