

Camp D.A.R.E.
SENIOR COUNSELOR APPLICATION

2022 Camp D.A.R.E. **July 18-21, 2022** (*Mon-Thurs*) at Leonardtown Middle School

Camp D.A.R.E. Counselor training dates: **July 13-14 from 0900 to 1400**. These are part of your commitment when applying to be a camp D.A.R.E. counselor.

Complete this application and deliver or email to campDARE@stmarysmd.com by **May 31, 2022**. Counselor selections is made by the Camp D.A.R.E. instructors. You will be notified of your acceptance by **June 20, 2022**.

Name _____ Home Phone _____

Home Address _____
Street / P.O. Box number _____ City / Town _____ Zip _____

e-mail address: _____ Cell Phone # _____

School Name: _____ Grade in school _____ Age: _____

SSN# _____
(For payment purposes)

Previous Camp Counselors: Answer only item 1-4 and 13-14.
New Applicants: Answer items 1-12

1. Why do you want to be a camp counselor?

2. What skills do you possess as a result of past experience or training that would help you in this position (certifications such as First Aid, CPR, Red Cross Lifesaving, work with younger children, etc.)?

3. Describe specific situations where you have worked with or led younger children.

4. Please list any Camp theme ideas you have for Camp D.A.R.E.

5. Counselors are expected to lead in all activities. Are you able to step up and lead or do you find yourself on the shy side?

6. List your strengths

7. List your involvement in activities or other camps (school, church, sports, community, etc.) List only this year and the previous 2 years.

8. List your areas of growth

9. Have you ever been a counselor or junior counselor at Camp D.A.R.E.? _____
If yes, how many years? _____ What did you like most about Camp D.A.R.E.

10. What qualities do you feel are necessary to be a successful counselor?

Which of these qualities will you contribute to Camp D.A.R.E.?

11. How would you handle the following situations?

A) Name Calling

B) Physical assault on another camper

C) Homesickness

D) Mischievous behavior (Spit balls, hiding other campers items, etc.)

E) One of your campers tends to be a "loner"

12. List any jobs or volunteer positions you have held or currently hold

Items 13-14 are for returning counselors only

13. What did you learn from your Camp D.A.R.E. counselor experience?

14. What would you change about Camp D.A.R.E.



All Applicants MUST sign Application

:

I certify that the information I have provided on this application is true and correct to the best of my knowledge.

Signature

Date

Parent/Guardian Approval

I give my approval for _____ to apply for a position as a Camp D.A.R.E. senior counselor.

Signature

Date

Relationship to applicant _____

Camp D.A.R.E. Medical Release

I understand first aid and will be available at Camp D.A.R.E.; participants will be supervised, and hospital care will be given at the expense of the parent/guardian if warranted. I further understand in case of serious injury or illness, I will be notified. If it is impossible to reach me in a timely manner, I hereby give my permission for emergency treatment or surgery as recommended by the attending physician.

Parent/Guardian signature: _____ Date: _____

Camp D.A.R.E. Parent/Guardian Indemnification and Release:

I, the undersigned parent/guardian of _____ (student), as a condition precedent of student's enrollment and participation in Camp D.A.R.E. and all related activities. As a parent/guardian of the student I recognize and fully appreciate that there are related activities. As a parent/guardian of the student, I recognize and fully appreciate that there are inherent risks of injury and harm arising out of participation in any summer camp program and, in recognition of such risks, hereby agree, on my own behalf and on behalf of the student and our student's heirs, executors, successors, assigns, beneficiaries, and insurers, agree to indemnify, hold harmless, release and forever discharge the St. Mary's County Sheriff's Office and St. Mary's County Public Schools and their respective officers, employees, assigns, and insurers of and from any and all liability, losses, claims, and demands for personal injury, death, or property damage that may be suffered by myself or my student while participating in or may hereafter be in connection with Camp D.A.R.E. and all related activities except for such claims as may arise out of gross negligence. I further agree that I, as the parent/guardian, bear the sole responsibility for providing adequate insurance to cover any potential injury, harm, or loss that may befall my student. I agree that in the event any portion of this Indemnification and Release is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

I, the undersigned _____ agree to comply with the St Mary's County Public Schools COVID-19 policies and procedures while within their facilities. I understand my child may be asked to wear a mask, have their temperature checked and participate in other precautionary measures to prevent the spread and exposure of COVID-19.

Signature of Parent/Guardian: _____ Printed Name of Parent/Guardian: _____

Date: _____

Application cut-off date: May 31, 2022

You will be notified via email a confirmation of receipt of application and acceptance into Camp D.A.R.E. You will receive updates closer to Camp via email. If you did not provide an email, you will receive updates via mail.



Timothy K. Cameron
SHERIFF

Office of the Sheriff

St. Mary's County, Maryland

Headquarters

23150 Leonard Hall Drive
Leonardtown, MD 20650

Detention Center

41880 Baldrige Street – P.O. Box 960
Leonardtown, MD 20650



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Media Release

I, _____, the parent/guardian of _____, hereby give permission to the St. Mary's County Sheriff's Office, St. Mary's County Public Schools, or a media organization by the Sheriff of St. Mary's County, Maryland to photograph, videotape, or record the voice of _____, my son/daughter, while engaged in activities associated with the 2022 Camp D.A.R.E. program while on St. Mary's County Public School property. This video specifically covers the activities; the D.A.R.E. participants will be involved in each day. I understand these photographs/videos/recordings may be used for publication in materials of local, state, or national distribution and I, hereby, authorize their release for such purposes.

Signature of parent/guardian

Date