Thank you for your interest in becoming a camp counselor for the 2019 Zuni Youth Enrichment Project (ZYEP) Summer Camp! We are looking forward to learning more about you through this application process.

ZYEP is a non-profit organization dedicated to improving the health and wellness of Zuni kids. We want to ensure that summer is a time when kids have the chance to have fun, learn new skills, make new friends, be active and gain self-confidence. For these reasons, we are very excited about our 11th annual summer camp and camp counselors have a key role in ensuring that the summer is a success.

As a counselor, we will count on you to mentor, lead, and supervise the campers under your care (8-10 kids, ages 6-12). You will be their teacher and mentor. You will also work closely with the other counselors, camp coordinators, and other ZYEP staff to ensure that the young campers are safe. To grow in your role as a summer camp counselor, we expect the counselors to participate in an overnight weekend “retreat”, weekly staff meetings, and the new hope program through the Teen Health Center. This is a paid position, and because the campers rely on their counselors so much, we can only hire those who are willing to dedicate their summer to being a positive role model for their campers, who are dependable, and those who aim to use this experience to grow as a person, and have a great time in the process.

If you are able and ready to take on this opportunity, please fill out the attached application and drop it off at the **NEW ZYEP Office** located at 13 Chimoni Dr, Zuni NM, email to apepin@zyep.org or mail to ZYEP, PO Box 447, Zuni, NM 87327 **by 5:00pm on Friday April 26th**.

In person and phone interviews will begin the week of April 29th.

Please complete all sections of the application (but do not include more than what is requested.) Note - the full application including references must be received by April 26th in order to be considered for this position.

Summer Camp will consist of a “Sports Week” (June 17th- June 20th) with a 4-week camp session to follow June 24th- July 19th. Camp counselors begin training Sunday June 2nd to include a MANDATORY overnight training June 2nd- June 5th and training in Zuni June 10th-12th.

If you have questions please call (505) 782-8000
Thank you for your interest, we are excited to get to know you!
2019 Counselor Application
Counselors must be between the ages of 16-24 years old

APPLICANT INFORMATION: (please print clearly)

First Name: ____________________________ Last Name: ____________________________
Age: ________ Grade: ________ Gender: ____ Shirt Size: ____ School: ____________________________

Mailing Address: ____________________________ Street Address: ____________________________
City: ____________________________ State: ____________________________ Zip: ____________________________

Home/Cell Phone: ____________________________ 2nd Contact: ____________________________

Parent/Guardian Information:

First Name: ____________________________ Last Name: ____________________________
Relationship to applicant: ____________________________ Phone Number: ____________________________

First Name: ____________________________ Last Name: ____________________________
Relationship to applicant: ____________________________ Phone Number: ____________________________

** In Case of Emergency, please list contact persons and phone numbers:

Name: ____________________________ Phone: ____________________________
Name: ____________________________ Phone: ____________________________

Please provide names and phone numbers of two adults (including at least one teacher and no family members please) who can speak to your ability to serve as a ZYEP camp counselor. (references should be attached in an enclosed envelope)

Name: ____________________________ Relationship to you: ____________________________ Phone: ________
Name: ____________________________ Relationship to you: ____________________________ Phone: ________
Parent Waiver Form
(Under 18 Years of Age)

Youth Participant’s Name: _____________________________  DOB:_________________________

Parent/Guardian’s Name:____________________________________________________________

Please read this form carefully and be aware that as the parent of a minor participant in this program, you will be waiving and releasing all claims for injuries, loss of property, and or negligent acts.

As the parent of a minor participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume this risk which my minor child/ward may sustain as a result of participating in any or all activities connected with or associated with such program.

I agree to waive all claims that my minor child/ward may have as a result of participating in the program against the Zuni Youth Enrichment Project (ZYPEP) and its officers, agents, servants, and employees. In order to minimize risks, I will take responsibility to see my minor child is prepared for all activities and is in good health each day of the session.

In case of medical emergency, I give my permission to the adults in charge of the ZYEP program to secure emergency medical treatment for my minor child.

I give permission for my minor child to be photographed and have work samples used as part of ZYEP promotions, publications, and fund-raising activities.

I give permission for my minor child to participate in a short survey before and after camp that will take approximately 10 minutes to complete. All survey responses will be kept confidential and participating in the survey is voluntary. Parents can withdraw their consent at any time without consequence.

I give permission for my child to be transported either by ZYEP transportation or by other commercial or public transportation for program activities.

I have read and fully understand the above Waiver and Release of All Claims.

___________________________________________                 ______________
Signature of Parent or Guardian                                  Date

Participant Waiver Form
(Over 18 Years of Age)

Participant’s Name: _____________________________  DOB:_________________________

Please read this form carefully and be aware that as a participant in this program, you will be waiving and releasing all claims for injuries, loss of property, and or negligent acts.

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume this risk which I may sustain as a result of participating in any or all activities connected with or associated with such program.

I agree to waive all claims that I may have as a result of participating in the program against the Zuni Youth Enrichment Project (ZYPEP) and its officers, agents, servants, and employees. In order to minimize risks, I will take responsibility to see that I am prepared for all activities and in good health each day of the program.

In case of medical emergency, I give my permission to the adults in charge of the ZYEP program to secure emergency medical treatment for me.

I give permission to be photographed and have my work samples used as part of ZYEP promotions, publications, and fund-raising activities.

I give permission to participate in a short survey before and after camp that will take approximately 10 minutes to complete. I give permission for ZYEP to use my survey results in its assessment of summer camp. Participating in the survey is voluntary and you may withdraw your consent at any time. Survey responses will be kept confidential.

I give permission to be transported either by ZYEP transportation or by other commercial or public transportation for program activities.

I have read and fully understand the above Waiver and Release of All Claims.

___________________________________________                 ______________
Signature of Participant                                  Date
Please answer the questions as honestly as you can. There are no right or wrong answers; we just want to know more about you.

Age: ___________ Gender: ___________ Grade/Class: ___________

1. Have you been a counselor in ZYEP’s Summer Camp before (check one): Yes No

2. Why do you want to be ZYEP Summer Camp Counselor? Check as many as you like.

Hangout with friends
Earn money
Gain work experience
Learn to be a better peer mentor
Learn to be a better leader
Learn to be a better communicator
Learn & share Zuni culture with youth
Give back to my community
Make plans for future
Other________________________

3. Please rate yourself on the following skills related to camp work using the following scale:

(1) Emerging: Learning and beginning to practice skills with guidance
(2) Proficient: Able to practice skills on my own
(3) Leader: Able to confidently practice skills and coach other counselors on how to practice skills

Circle one answer for each statement

<table>
<thead>
<tr>
<th>Skill</th>
<th>Emerging</th>
<th>Proficient</th>
<th>Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Listen to campers with understanding</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b) Identify and respond to campers needs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c) Present positive non verbal cues</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d) Clear verbal communication</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e) Safely lead campers through their activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f) Facilitate conflict resolution between campers</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g) Handle emergency situations at camp</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h) Plan and implement activities for campers</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>i) Serve as a positive role model for campers</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

4. Please circle one answer for each statement?

<table>
<thead>
<tr>
<th>Statement</th>
<th>No</th>
<th>Sometimes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Do you have people in your life that you want to be like?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b) Is doing well in school important to you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c) Do you try to finish activities that you start?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d) When experiencing difficulties, do you know where to go for help?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e) Do you feel you fit in with people your age?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f) Do you have friends that care about you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g) Do you participate in religious/cultural activities?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h) Do you think it is important to help out in your community?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>i) Do you know your family history?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
5. What do you do to take care of yourself when you are stressed?

6. What does being healthy mean to you?

7. How can ZYEP Summer Camp help Zuni kids be healthy?

8. What kinds of things are most challenging for kids growing up in Zuni?
Counselor Reference Form
Applications are due by April 26th 5:00 pm

Thank you for serving as a reference! ZYEP Counselors serve as role models, mentors and teachers to a group of kids aged 6-12. It is our hope that this experience will be a formative one for both our counselors and the kids they mentor. We are looking for counselors who will make the most of this opportunity to help others, have fun and think about their own futures. We really appreciate your honest thoughts.

Please return this reference to the applicant in a sealed envelope with your signature across the seal, email to apepin@zyep.org, or mail to PO Box 447, Zuni, NM 87327.

Applicant’s Name: ____________________________
Reference Name: ____________________________
Reference Phone Number: ____________________
Reference Relationship to the applicant: (no family members please): ____________________________

For the following 10 questions, please answer 1-5 (1=very poor, 2=below average, 3=average, 4=above average, 5=exceptional) or NA (not able to judge)

How would you rate the applicant in the following categories?

7. Ability to work in a team: ____________ 8. Potential to grow from this experience: ____________
9. Overall level of recommendation: ____________

Are you aware of any reason why this applicant should not be selected? If yes, please elaborate:
____________________________________________________________________________________
____________________________________________________________________________________

Please feel free to include other insights that we should consider: ____________________________
____________________________________________________________________________________
____________________________________________________________________________________

Thank you again for taking the time to serve as a reference. We really appreciate it!
Counselor Reference Form
Applications are due by April 26th at 5:00 pm

Thank you for serving as a reference! ZYEP Counselors serve as role models, mentors and teachers to a group of kids aged 6-12. It is our hope that this experience will be a formative one for both our counselors and the kids they mentor. We are looking for counselors who will make the most of this opportunity to help others, have fun and think about their own futures. We really appreciate your honest thoughts.

Please return this reference to the applicant in a sealed envelope with your signature across the seal, email to apepin@zyep.org or mail to PO Box 447, Zuni, NM 87327.

Applicant’s Name: ____________________________
Reference Name: ____________________________
Reference Phone Number: ______________________
Reference Relationship to the applicant: (no family members please): ____________________________

For the following 10 questions, please answer 1-5 (1=very poor, 2=below average, 3=average, 4=above average, 5=exceptional) or NA (not able to judge)

How would you rate the applicant in the following categories?

7. Ability to work in a team: ___________ 8. Potential to grow from this experience: ___________
9. Overall level of recommendation: ___________

Are you aware of any reason why this applicant should not be selected? If yes, please elaborate:
____________________________________________________________________________________
____________________________________________________________________________________

Please feel free to include other insights that we should consider: ____________________________
____________________________________________________________________________________
____________________________________________________________________________________

Thank you again for taking the time to serve as a reference. We really appreciate it!