



Camp Axios Junior Counselor Application

Date of Application: _____

Name: _____

Date of Birth: _____ Age at Camp: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone# _____ Cell Phone # _____

Email Address: _____ Social Security #: _____ - _____ - _____

Please Check Box if Junior Counselor is taking medication.

Name of Parents or Legal Guardian:

Fathers Name: _____ Phone: _____

Mothers Name: _____ Phone: _____

Legal Guardian: _____

Relationship: _____ Phone: _____

Have you attended Camp Axios Before? (Please Circle) Y N

If yes, were you: (Please Circle) Jr. Counselor Camper

Name of School attending next year: _____ Grade: _____

References (Give names/addresses of 2 persons (not relatives) having knowledge of your character, experience and ability.)

Name: _____ Phone: _____

Name: _____ Phone: _____

List any special skills you have that you feel qualify you for the position: _____

Have you ever been arrested, charged or received a notice or summons to appear for any criminal violation? _____ Yes _____ No

I hereby give my consent to have my child be a counselor at Camp Axios and have him/her transported to and from the camp. I understand and give my consent that my

child may be photographed or videotaped at the camp and have his or her photograph used in connection with the camp.

I have read and understand the **Information and Regulations and Clothing and Equipment List** pages attached.

Print Name: _____

Jr. Counselor Signature: _____ Date: _____

Print Parent Name: _____

Parent Signature: _____ Date: _____

____ *I would like to receive **120 Community Service Hours** in lieu of payment.
(FIRST TIME JUNIOR COUNSELORS RECEIVE SERVICE HOURS ONLY)*

Please mail this application along with the **MEDICAL FORMS AND SHOT RECORDS** to:

September Sucher
Camp Axios
1621 W. 25th Street #185
San Pedro, Ca. 90732

Or send via email as an attachment to sbds@cox.net

Any questions please call September Sucher at (310) 650-5943 or email sbds@cox.net