

# St. Catherine of Siena Summer Camp 2021

## Junior High Volunteer Service

### Program Application



This year, SCS Summer Camp is offering a leadership development program for **rising 8<sup>th</sup>, 9<sup>th</sup>, and 10<sup>th</sup> graders**. There are three goals of this program:

- Earn volunteer service hours each week working with groups and activities at SCS summer camp;
- Learn and practice leadership skills that can be used during camp as well as in future leadership roles in high school; and
- Have fun and participate in age-appropriate summer activities during camp.

*Students can apply for up to three weeks and will be offered spots in the service program based on availability and qualifications. All days for the volunteer service program run from 8:30am – 3:30pm*

The cost for this program is \$50. Camp director will contact students once they are accepted to the program no earlier than Monday, March 1. The deadline to submit applications is Friday, April 30.

#### **GENERAL INFORMATION:**

Full Name: \_\_\_\_\_

Student's E-mail Address: \_\_\_\_\_

Current School attending: \_\_\_\_\_

Did you graduate from SCS? What year? \_\_\_\_\_

Current extra-curriculars: \_\_\_\_\_

What does service mean to you? \_\_\_\_\_

How did you find out about the service program? Do you know anyone who is applying to participate in this summer's service program? \_\_\_\_\_

What is your best summer camp experience (SCS or any other camp)? \_\_\_\_\_

**Complete and return via e-mail at [camp@scschurch.com](mailto:camp@scschurch.com), or mail to parish office at: St. Catherine of Siena Parish Summer Camp, 105 Bonnabel Blvd., Metairie, LA 70005. Contact [camp@scschurch.com](mailto:camp@scschurch.com) or call (504) 831-2688 for more information or with questions.**

# SCS Summer Camp 2020 - Emergency Information – JH Volunteer

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Age: \_\_\_\_\_ Grade entering: \_\_\_\_\_ Gender: *M* *F*

T-shirt Size (*yxs-adult xl*): \_\_\_\_\_

Weeks applying for  
(check up to three):

- \_\_\_\_\_ Week 1 (6/7-6/11)
- \_\_\_\_\_ Week 2 (6/14-6/18)
- \_\_\_\_\_ Week 3 (6/21-6/25)
- \_\_\_\_\_ Week 4 (6/28-7/2)
- \_\_\_\_\_ Week 5 (7/6-7/9)
- \_\_\_\_\_ Week 6 (7/12-7/16)
- \_\_\_\_\_ Week 7 (7/19-7/23)

Parent 1: \_\_\_\_\_

e-mail: \_\_\_\_\_

cell: \_\_\_\_\_

Parent 2: \_\_\_\_\_

e-mail: \_\_\_\_\_

cell: \_\_\_\_\_

Student Cell #: \_\_\_\_\_

*Emergency contacts other than guardians/Adults allowed to pick up campers:*

	Name	Relation to camper	Phone
1.	_____	_____	_____
2.	_____	_____	_____

List any information concerning your child's medical or physical condition (medications, allergies, ailments, etc.) that camp staff should know about (attach additional info is necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Medical Insurance Coverage

Name of provider: \_\_\_\_\_

Provider's Address: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Parental Consent:** I hereby give written permission for my child to attend summer camp at St. Catherine of Siena Parish. As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurements, physical impairments, or undue discomfort if delayed. Enrolling a student into the St. Catherine of Siena Summer Camp constitutes the consent of his parents/guardians for the student's name, voice or likeness to be used in news publications, audio-visuals, and other electronic transmissions including the St. Catherine of Siena website.

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_