



WISCONSIN ASSOCIATION OF SCHOOL COUNCILS
2010 SUMMER LEADERSHIP WORKSHOP
JUNIOR COUNSELOR STAFF APPLICATION

Please rank order the Level of camp(s) and week(s) preferred. (First choice = 1)

*** Staff Training begins on Friday prior to each camp week**

LEVEL I

- Week 1
July 18-22
- Week 2
August 1-5

**Madison
Edgewood
College**

**LEVEL II &
II.V**

- June 20-24

**Madison
Edgewood
College**

LEVEL III

- July 11-15

**Madison
Edgewood
College**

**LEVEL IV &
IV.V**

- July 11-15

**O'Connor Center,
Madison**

APPLYING FOR:

- JC
- JC Coordinator
- Asst. JCC
- Super Staff Asst/
Asst. JC Coord.
- Any of the above

Last Name _____	First _____
M/F: _____	
DOB: ____ - ____ - ____ E-mail: _____	
Myspace/Facebook address: _____	
Address: _____	
City: _____ Zip: _____	
Home Phone: ____ - ____ - ____ Shirt Size: S M L XL Grad yr: _____	
Cell Phone: ____ - ____ - ____	
City/School: _____	
Principal/Advisor: _____	
Best time/number to be reached: _____	
Summer conflicts we should be aware of: _____	
Circle one	
Will you be attending Level III? ----- Yes No	
Will you be attending Level IV ----- Yes No	

Give the year you attended previous years and level of camp(s)

WASC Leadership Workshops:

as a Staff member:

Level I _____ Level III _____
 Level II/II.V _____ Level IV/IV.V _____
 Level V _____ Nat. Camp. _____

Level I _____ Level III _____
 Level II/II.V _____ Level IV/IV.V _____
 Level V _____ Nat. Camp _____

Name of Workshop Council Advisor(s): _____

School leadership experience (number of years, offices held, etc.): _____

Workshop or conference experience (local, state, national): _____

School co-curricular activities (number of years, leadership positions held): _____

Community activities and positions of leadership held: _____

Why do you want to be a Junior Counselor/Staff Member? (Use additional sheet of paper if needed.)

How do you perceive your role as Junior Counselor/Staff Member? (Use additional sheet of paper if needed.)

Please include 2 letters of *recommendation* from your school Council Advisor (s) and/or other appropriate person (s) in a supervisory role that can validate character, work ethic, and professionalism. Please also include a recent *snapshot (application and pictures will not be returned)*.

Please check if applicable:

_____ **Certified Life Guard.** If you checked yes, please attach a copy of your lifeguard certification to this application.

Return to **WASC, 4797 Hayes Road, Suite #202, Madison, WI 53704-3292 by April 1, 2010!**
(608) 241-7107 Toll Free (866) 572-WASC or FAX (608) 241-7139

All chosen applicants will be notified of a decision in early May 2009. Remaining candidates will receive a status report sometime thereafter.

DISCLOSURE OF PRIOR CRIMINAL CONVICTIONS

Because the Wisconsin Association of School Councils is an advocate for youth, it is necessary for us to take proper precautions when hiring staff to work with students at our Summer Leadership Workshops. Therefore, we request the following information from you as potential employee, since you may have contact with students.

Have you ever been convicted of a crime, as an adult or a juvenile (other than minor traffic offenses), or received a verdict other than not guilty in any court or similar proceeding? If yes, please describe the offense and the date of the convictions. Or do you have a charge pending against you at this time? (If yes, please include the name of the court, city, county, and state).

(Prior convictions do not necessarily bar employment) _____YES_____NO

AUTHORIZATION TO RELEASE INFORMATION

I, _____, authorize the Wisconsin Association of School Councils (WASC) to conduct a background investigation including, but not limited to, an investigation of my education, military, and criminal conviction records to ascertain any and all information that may be pertinent to my qualifications. I agree to cooperate in such an investigation, and release WASC, its directors, employees, and agents, and all persons and entities providing such information to WASC, from any and all liability in regard to requisition, supplying, or disclosing such information.

Name (please print) _____

Signature_____Date_____

Parent/Guardian signature (if under 18)_____

Driver's License Number_____State of Issue_____

Date of Birth_____Social Security Number_____

Witness Signature_____Date_____

Please include completed form with your camp staff application.