



BOYS & GIRLS CLUB
OF MERIDEN

CUNO CAMP

Junior Counselor Application Form

Name _____ Sex: M F Phone #: _____

Address _____ Age: _____

City _____ State _____ Zip _____ Birthdate _____

Emergency contact: _____ Daytime Phone #: _____

Address: _____ Relationship: _____

School: _____ Grade: _____ G.P.A. _____

Extracurricular activities you are involved in: (In or out of school) :

Are you currently a member of the Boys & Girls Club? Yes No Member #: _____

Have you attended Cuno Camp before? Yes No Number of Years: _____

Have you been a Junior Counselor at Cuno Camp before? Yes No Number of Years: _____

Sessions wishing to attend: (check off)

____ 1st: (June 22 - July 2) ____ 2nd: (July 6 - July 17) Week 9 (Aug. 17-Aug. 21)

____ 3rd: (July 20 - July 31) ____ 4th: (Aug. 3- Aug. 14)

Parents/Guardians: To the best of our knowledge the information on this application is correct and we hereby give our consent for the applicant named to participate in any or all of the normal camp activities including any half day field trips the camp may take on rainy days.

Guardian's
Signature _____ Date _____

Staff use Only:

Sessions accepted for: ____ 1 ____ 2 ____ 3 ____ 4 ____ Wk. 9 Member: Y N Dt. Joined _____

Please make sure to take and fill out a medical form.