

Camp Laughing Loon Junior Counselor Application

JCs must be at least 15 years of age by 6/22/26



PLEASE PRINT AND FILL OUT ALL SECTIONS OF THIS FORM

Name:	Date:
Mailing address:	Cell Phone: Email:
Emergency contact, including relationship and contact information:	Will you be 15 by 6/22/26?
Camp work requires physically demanding activities, including but not limited to hiking, running (during sports play), and lifting and carrying. Do you have any physical limitations that would prevent you from performing the work for which you are being considered? If yes, please explain.	
School Currently Attending, if Applicable:	Grade or Year in School if Applicable
Camp Experience (Where and When)	Work or volunteer experience:
List any scholastic honors, offices, clubs, sports, or leadership positions:	
List any current camp-related certifications you currently hold. (CPR, Lifeguard, First-Aid, Archery, etc.)	

Please indicate your preferred weeks to volunteer this summer and share any conflicts with your availability during our eight-week season.

___ Week 1 (June 22 - June 26)

___ Week 5 (July 20 - July 24)

___ Week 2 (June 29 - July 3)

___ Week 6 (July 27 - July 31)

___ Week 3 (July 6 - July 10)

___ Week 7 (August 3 - August 7)

___ Week 4 (July 13 - July 17)

___ Week 8 (August 10 - August 14)

Conflicts for the weeks I'm available:

Why do you want to be a Junior Counselor at Camp Laughing Loon? What would make you a good fit for our program?

List 3 references, two professional references (e.g., coach, employer, teacher, mentor) and one personal reference (close family friend, relative).

Name	Relationship to You	Phone Number	Email Address

I, the undersigned, in my capacity as a Junior Counselor applicant (or parent/guardian of an applicant under 18 years of age), hereby release and hold harmless, Camp Laughing Loon, their officers, employees, instructors and supervisors from any liability or damages, both personal and property, arising out of or as a result of participation in the JC program. I assume all risks incident thereto concerning myself and any other individuals for whom this application is made.

Applicant Signature: _____

Parent Signature: _____

Date: _____

Return your application to: Camp Laughing Loon, Box 201, East Waterboro, Maine 04030 or scan and email it to: info@camploughingloon.com