



Junior Counsellor Application Form

NAME: _____ AGE: _____
PARENTS/GUARDIANS NAME(S): _____
PHONE: _____ CELL PHONE: _____
EMAIL: _____ (please provide an email that is regularly checked by you or a parent/guardian)

MEDICAL CONDITIONS:

Why do you think you would make a great Junior Counsellor at The Waeg this summer?

What is an idea for an activity or craft that you would like to be involved with as a Junior Counsellor?

Please indicate which weeks between July 6th and August 28th you want to enroll for, and whether you prefer AM (9am - 12pm) or PM (1pm - 4pm) shifts.

Please explain below any experience or interests you have had that would help you to be a great Junior Counsellor (babysitting, extra-curricular activities, etc.):

Applicant signature: _____

Parent/Guardian signature: _____

Applications should be submitted to Katelyn Matheson by email katelyn@waegwoltic.ca or in person at the Main Office.