

# Kidz ACT Counselor Form

## Pirates of Penzance

### June 10-14, 17-21

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Grade level or number of years in college: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reference name: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### Counselor Guidelines:

1. **Active Participation:** During camp hours I will be off of my phone and actively engaged with campers at all times. I will be expected to help with trash pick up and disposal, cleaning restrooms, sweeping/mopping the floor, making sure that students are on task, providing affirmative/positive feedback, as well as any other duties assigned by the camp leaders. If there is down time, I will ask the Directors if help is needed anywhere.
2. **Professionalism:**
  - a. Dress: I will wear school appropriate clothing and close toed shoes during camp.
  - b. Speech: I know I will be in the presence of younger children, and my speech will reflect that. No profanities will be used, respect will be given to my fellow counselors, directors and leaders and I will speak kindly to all campers.
  - c. Behavior: I will act appropriately at all times, whether I am around campers or not. I will remain off of my phone during camp unless there is an emergency.

3. **Attendance:** Camp times for counselors are June 10th-14th and 17th-20th from 8am-4:30pm. June 21st is the performance date and working hours are 8 am until load out is done. I will be there the entire time unless I have previously spoken with Erin Gentry and cleared an alternate time with her.
4. **Lunch:** No lunch will be provided for camp counselors. I know that if I leave to get food, I must bring it back to the VFW to eat since I am still responsible for monitoring the campers.
5. **1 strike policy:** I am aware that camp works on a 1 strike policy if a director or leader has any issues with me and these guidelines. If there is any inappropriate language or behavior towards a camper, fellow counselor, director, or leader, that is considered automatic removal and I may not be allowed back in the future.

**I acknowledge these guidelines given to me and I will follow them during my time as a camp counselor.**

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

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

Please scan and return to [angelinacommunitytheatre@gmail.com](mailto:angelinacommunitytheatre@gmail.com) or mail to:  
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