

## City of Seminole Summer Camp 2025 Teen Intern Program Application

#### **About the Program:**

Thank you for your interest in the City of Seminole Summer Camp Teen Intern Program. The Teen Intern Program is designed to provide camp leadership experience, create connections, and enhance professional skills for high school students who have completed 9<sup>th</sup> through 11<sup>th</sup> grade.

Successful candidates for the Teen Intern Program are:

- Energetic and participative in camp games and activities
- Creative leaders who take initiative
- Service-oriented, hard-working, and devoted to the City of Seminole's mission
- Role models, exhibiting character traits campers look up to
- Flexible and adaptable
- Excited to work with camp-age children

#### **Completing the Application:**

When completing the application, please note the following:

- Applications must attach one (1) letter of recommendation. Recommendations cannot be written by family members.
- Submission of an application does not indicate an acceptance into the Teen Intern Program.
- Application forms must be completed entirely by the applicant. Please be sure to write legibly.
- No payment will be taken until the applicant is formally accepted into the Teen Intern Program.
- Acceptance into the Teen Intern Program does not guarantee employment for following summers.

Applications will be reviewed by the Recreation Leader. Upon review, applicants will be contacted to schedule an interview. If accepted into the program, attendance at all precamp trainings is required. All applicants who participate in the Teen Intern Program will be required to pay a \$45.00 program fee to cover training and supply cost. Applications and letters of recommendation are due to the Recreation Center office by Friday, April 18<sup>th</sup>, 2025.

Applicants will be notified on Wednesday, May 8<sup>th</sup> if they have been accepted into the program.



# City of Seminole Summer Camp 2025 Teen Intern Program Application

Full Name:		Date of Birth:		
Address:		City:	State:	Zip:
Phone:	Email:		Sch	ool:
Grade (2024-25 School Year)			T-S	Shirt Size:
Parent/Guardian Nam	ne		Phone:	
Parent/Guardian Ema	il:			
Please check which s hours per day Monda commit to a minimu	y through Friday			
☐ Pre-Camp: (M	ay 30)			
☐ Week 1: (June	2 – 6)			
☐ Week 2: (June	9 – 13)			
☐ Week 3: (June	16 – 20)			
☐ Week 4: (June)	23 – 27)			
☐ Week 5: (June	30 – July 3) *Clo	sed July 4*		
☐ Week 6: (July 7	7 – 11)			
☐ Week 7: (July	14 – 18)			
☐ Week 8: (July 2	21 – 25)			
☐ Week 9: (July 2	28 – August 1)			
☐ Week 10: (Aug	ust 4 – 8)			



Have you ever been a Teen Intern/CIT with Seminole Recreation or in a similar program? If yes, what year and where:
Please share any extra-curricular activities, hobbies, interests, or volunteer activities:
Describe your experience working with or interacting with children:
Why would you like to be a Teen Intern with Seminole Recreation?
Do you have any special training, certifications; (First Aid, CPR, etc.)?
What do you hope to gain from the Teen Intern Program?
Please use the space below to include any more information about yourself that you think we should know! What makes you a good candidate for the 2025 Summer Camp Teen Intern Program?



### City of Seminole Summer Camp 2025 Teen Intern Application

I, the named adult participant or parent/legal guardian of the named child, on this form, do hereby assume all risks and hazards incidental to my participation in activities, use of the equipment and facilities or my child's participation in activities, use of equipment and facilities of the City of Seminole Recreation Center Complex, and I do hereby agree to waive, release, absolve, defend and hold harmless the City of Seminole, its employees, officers, agents, volunteers, and elected officials from any and all claims, damages, losses or injuries of any kind, resulting from the participation in activities, use of equipment and facilities of the City of Seminole's Recreation Center Complex.

THIS RELEASE INCLUDES A RELEASE FOR ANY AND ALL LOSSES OR INJURIES ARISING OUT OF ANY ACT OR OMMISION OR NEGLIGENCE, EITHER ACTIVE OR PASSIVE OF THE CITY OF SEMINOLE, ITS EMPLOYEES, OFFICERS, AGENTS, VOLUNTEERS, AND ELECTED OFFICIALS. THIS RELEASE IS GIVEN AND SIGNED OF MY OWN FREE ACT AND WILL.

Date

PARTICIPANT'S SIGNATURE

Parent/Guardian Signature	Date
FIELD TRIP CO	NSENT
I hereby grant permission foractivities and weekly field trips as part of the Ser Program.	to participate in recreational ninole Recreation Center's Teen Intern
PARENT/LEGAL GUARDIAN SIGNATURE	DATE
PHOTO CONSENT AI	ND RELEASE
I hereby authorize the City of Seminole to take these images in the promotion and marketing of Seminole to take media coverage and/or viewing by the general pauthorization for the city use of photos of my child	photographs of my child(ren), and use Seminole's programs, which may include public. By signing below, I give my legal
PARENT/LEGAL GUARDIAN (Please print)	
PARENT/LEGAL GUARDIAN (Signature)	DATE