



**TOWNSHIP OF MEDFORD
DEPARTMENT OF RECREATION
2010 MIDDLE SCHOOL SUMMER CAMP APPLICATION**

Thank you for your interest in our Middle School Summer Camp Program. Before you start your application, please take a moment to read the following information.

The goal of this program is to provide you with a combination of camp and leadership training experiences. Activities have been designed to help you transition from being a camper into the role of Counselor-In-Training (CIT) and eventually Counselor, if you choose. This program requires a person who is self-motivated, reliable, resourceful, and perhaps most important, responsible. Given the format of this program, only a limited number of applicants will be selected. The following application is one way we determine which applicants would be best suited for this program.

The information on this application, along with references and any additional information you provide, will be reviewed by the program staff beginning May 17th. Applicants will be notified of the staff's decision by May 31st. All applicants accepted into the program must make payment within one week of notification. If payment is not received within one week of notification, you risk forfeiting your place in the program. Please contact us if additional time is needed.

If you would like to apply for the Middle School Summer Camp program, please complete the enclosed application and return it, along with any additional information requested, to the following address *no later than Friday, May 14th*.

**TOWNSHIP OF MEDFORD
DEPARTMENT OF RECREATION
ATTN: MIDDLE SCHOOL SUMMER CAMP
17 NORTH MAIN STREET
MEDFORD, NJ 08055**

Please make sure you indicate your preference of the session you wish to attend. Should you require additional information, feel free to contact the Recreation Department at 609-654-2512.

Sincerely,

Jo Kuchera
Program Director

WHAT WILL I DO AT THE MIDDLE SCHOOL SUMMER CAMP?

The following list includes some of the activities we are coordinating for the Middle School Summer Camp program. Because we are in the process of developing the curriculum for this program, this list is tentative. A more conclusive list of the activities you will take part in will be provided to you upon acceptance into the program.

- Take the First Aid and CPR courses conducted by the American Red Cross
- Plan and Supervise a Project for the 1st – 6th Grade Campers
- Paddle in a Canoe along the Medford Canoe Trail
- Take Part in a Ropes Challenge Course at Camp Dark Waters
- Plan and Implement a Community Service Project
- Participate in a Scavenger Hunt using GPS Technology
- Help Supervise Drop-off and Pick-up of 1st – 6th Grade Campers

**TOWNSHIP OF MEDFORD
DEPARTMENT OF RECREATION
2010 MIDDLE SCHOOL SUMMER CAMP APPLICATION**

NAME : _____

ADDRESS: _____

PHONE #: _____ CELL #: _____

E-MAIL: _____

BIRTH DATE: _____ CURRENT GRADE IN SCHOOL: _____

Please answer the following questions so we may learn more about you. Please write neatly and form your answers using complete sentences. If needed, use and attach an additional piece of paper. There are no wrong answers... just be yourself!

1. Why would you like to be a part of this program?

2. List and describe the two most important activities you are involved in at school or outside of school and explain why they are important to you.

2010 MIDDLE SCHOOL SUMMER CAMP APPLICATION – Page 3 of 3

6. Please list three (3) references. Please choose references that are not related to you.

Name	Address	Phone	Relationship
------	---------	-------	--------------

7. Please ask one (1) teacher or guidance counselor from your school to complete the attached recommendation form and have them return it to us by **Friday, May 14th**.

8. Please indicate which session of camp you would like to attend.

Middle School Camp Session A _____ Middle School Camp Session B _____
(6/28 – 7/16) Monday – Friday, 9:00 a.m. to 12:00 p.m. (7/19 – 8/6) Monday – Friday, 9:00 a.m. to 12:00 p.m.

**TOWNSHIP OF MEDFORD DEPARTMENT OF RECREATION
2010 MIDDLE SCHOOL SUMMER CAMP TEACHER RECOMMENDATION FORM**

Thank you for taking the time to fill out this form as it will help us with the selection process for the Middle School Summer Camp program. This program provides students with a mixture of camp and leadership training experiences and requires a person who is self-motivated, reliable, resourceful, and perhaps most important, responsible. The information you provide to us is only one aspect of our evaluation process, and all information will be kept strictly confidential. Because of the confidentiality issue, we ask that you return this form directly to us, rather than returning the form to the student. Please send your completed form to the address below, or fax it to 609-654-6536, *no later than Friday, May 14th*.

**TOWNSHIP OF MEDFORD
DEPARTMENT OF RECREATION
ATTN: MIDDLE SCHOOL SUMMER CAMP
17 NORTH MAIN STREET
MEDFORD, NJ 08055**

Please feel free to contact the Recreation Department at 609-654-2512 should you have any questions.

Student's Name _____

Teacher's Name _____

Please evaluate this student on the following criteria using the scale indicated below.

1 – Below Average 2 – Average 3 – Above Average 4 – Exceptional

<i>Category</i>	<i>Score</i>	<i>Comments</i>
Overall attitude		
Ability to work with peers or in a group		
Ability to follow directions		
Ability to communicate with others		
Participates in class discussions		
Listens and is respectful of others		
Is punctual and meets deadlines		
Exhibits leadership skills		
<i>Additional Comments:</i>		

Teacher's Signature

Date