



**CITY OF FLORISSANT  
PARKS AND RECREATION DEPARTMENT  
JUNIOR COUNSELOR APPLICATION  
(Ages 14-15)**

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

**Date Of Birth** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Camp Location is at James J. Eagan Center**

**Have You Been a JR Counselor In The Past?** \_\_\_\_\_ **If yes Where?** \_\_\_\_\_

**Have You Attended Camp?** \_\_\_\_\_ **If Yes When?** \_\_\_\_\_

**Experience:** \_\_\_\_\_

**Why Do You Want To Be A Junior Counselor**

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**References:** (References Should Be Teachers )

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

**Please Attach Two Letters Of Recommendation From The Teachers Listed Above**

**I Understand That I Will Be Required To Attend Everyday Of Summer Camp**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Please return form by May 5<sup>th</sup>. You will be notified by the end of May.  
Return to: JJE Community Center, Attn. Jr Counselor, 1 James J Eagan Drive , Florissant, MO,  
63033 or [sskaggs@florissantmo.com](mailto:sskaggs@florissantmo.com)**