



**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 Where _____

Experience: _____

Why Do You Want To Be A Junior Counselor

References: (References Should Be Teachers)

Name

Phone

Name

Phone

Please Attach Two Letters Of References From The Teachers Listed Above

I Understand That I Will Be Required To Attend Everyday Of Summer Playground

Signature

Date

**Please return form by May 5th. You will be notified by the end of May.
Return to: JFK Community Center, Attn. Jr Counselor, 315 Howdershell. , Florissant, MO, 63031 or
jsteib@florissantmo.com**