



CAMP LOURDES COUNSELOR INFORMATION

Thank you for your interest in becoming a volunteer Camp Counselor! The theme of this year's Camp is "Diving In With All Our Hearts!" We will bring many Bible stories to life for our campers, through song, crafts and play. Working as part of the staff you are sure to have lots of fun as we each "Dive In" along with the children of Our Lady of Lourdes.

Although this is a volunteer position there are certain perks:

Free T-Shirt, Bowling Day, Adventureland Outing and more importantly making new friends and serving your parish in a truly wonderful and powerful way!

AND

Although this is a volunteer position there are certain requirements and failure to follow these can result in being asked to leave camp:

All counselors

- must be at least entering 8th grade in the Fall of 2025
- must be on time everyday and committed to Camp Lourdes (letting us know in advance if there is a day or days you cannot make it).
- must follow all of the camp rules, especially those pertaining to safety and respect.
- must remember they act as role models and faith examples to younger children
- must be able to work as a team and be enthusiastic!

Information Meeting

Thursday, June 5th: 7:30-8:30pm in the Church Hall *****applications due*****

Training Meetings

Tuesday, June 17th: 7:00 – 8:30pm in the Church Hall

Sunday, June 29th: 7:30 – 8:30pm in the Church Hall

Poster Party (optional) – (we would love your help)

Stay late for our poster party!

Tuesday, June 17th: 8:30-10:30pm in the Church Hall

Camp Dates Weekdays: June 30th – July 11th (skipping July 4th)

9:30am-12:30pm (9:00am-1:00pm for counselors)

**Please fill out the following application and bring it to the
rectory or bring it to the meeting on June 5th.
Thanks for your interest in being a Camp Lourdes Counselor!**

CAMP LOURDES COUNSELOR APPLICATION 2025
Weekdays: June 30th – July 11th (skipping July 4th) Applications Due – June 5th

Name: _____ Phone: _____ Grade Entering 9/25: _____

Address: _____ School 9/25: _____

Age: _____ TShirt Size(adult): S M L XL Email Address: _____

Please answer the following questions about being a Camp Counselor.

What experience have you had with children?

Why do you want to be a Camp Counselor?

What age would you prefer to be a counselor for?

3 4 5 6 7 8 9 10

Do you have any training such as First Aid or CPR? _____

What do you think would be the most challenging for you being a Camp Counselor?

What would make you a good counselor?

What specific talents or abilities would you bring to the children of the Camp?

Are you available for both weeks of the camp? _____

Do you have any comments or questions? _____

CAMP LOURDES COUNSELOR WAIVER & EMERGENCY CONTACT SHEET

I, _____, parent and legal guardian of _____
hereby request and agree that my son/daughter participate in Camp Lourdes. The Camp will take place Monday through Friday from June 30 - July 11, 2025 (skipping July 4). Weekday sessions will take place from 9:30am-12:30pm, counselors are required to be there from 9am-1pm. The Camp will be held on Our Lady of Lourdes property and staffed by Our Lady of Lourdes Youth Ministry.

I have been fully informed of the nature of this activity and I understand the scope and type of activities that will be involved. I agree, unless noted below, that my child may participate in all activities related to this Camp.

If for any reason you do not wish your child to participate in particular activities, please specify them here: _____

Medical Conditions

Please list any medical conditions your child may have and/or any medications they will be taking during Camp.

Allergies

Please list any medication or food your child is allergic to.

***Please note – as a counselor your child will be caring for younger children. If you have any concerns or hesitations about that please let us know and we will find a suitable role for your child at Camp. ***

Emergency Contacts

I also consent to my child receiving emergency treatment in the event of illness or injury.

NAMES AND TELEPHONE OF PARENTS/GUARDIANS (please include home, work and cell #)

NAME AND TELEPHONE OF 2 PERSONS TO CALL IN CASE OF AN EMERGENCY

(If you can not be contacted):

1. _____

2. _____

I understand I have read this form and understand its terms.

(Parent Signature) (Date)

If you **DO NOT** want your child's picture to appear in local newspaper/website (such as Herald/Patch) please circle here: **NO PUBLIC PHOTOS PLEASE**