



COUNSELOR APPRENTICE TRAINING

*for Teen Girls Interested in
Leadership in Summer Camps*

WHAT IS IT? Counselor Apprentice is the second course in the camp leadership program. It includes outdoor skills, teaching techniques, and methods for working with campers. The course is for girls who want to work at day, twilight, weekend, and resident troop camps. It also meets the requirements for a specialization course for those working on the Cadette or Senior Program Aide pin and patch.

WHO CAN GO? Girls currently in eighth grade or above or the equivalent. It is recommended that girls complete Camp Program Assistant training prior to attending the Counselor Apprentice course. If a girl has not completed Camp Program Assistant training, then she needs to have had prior camping experience.

WHEN IS IT? The following two courses are offered. You need to choose one.

REGISTER NOW!!

7 p.m., Friday, March 28, 2008, to 1 p.m., Sunday, March 30, 2008
Roanoke Program Center, Roanoke, Virginia
REGISTRATION DEADLINE: March 7, 2008

7 p.m., Friday, April 18, 2008, to 1 p.m., Sunday, April 20, 2008
Camp Sugar Hollow, Crozet, Virginia
REGISTRATION DEADLINE: April 11, 2008

HOW MUCH? \$25 includes meals and program materials for the weekend training course. Participants must be currently registered Girl Scouts. (Fees to attend summer camp are extra.)

REGISTER? Complete the attached Counselor Apprentice course registration, health history, and Counselor Apprentice application, and obtain one reference. Return them by the course registration deadline to: Counselor Apprentice, Girl Scouts of Virginia Skyline Council, 3663 Peters Creek Road, NW, Roanoke, VA 24019. *Ensure that the reference form has been given to an appropriate person to complete and return to the Girl Scout office.*

QUESTIONS? Contact Nancy Kuebler, director of outdoor program, at 540-777-5121 or 800-542-5905, ext. 121, or by email at nkuebler@gsvsc.org.

SNOW? If a course is canceled due to snow, participants will be contacted and asked to attend one of the other scheduled courses.

COUNSELOR APPRENTICE COURSE REGISTRATION

Complete and return the following to: Counselor Apprentice, Girl Scouts of Virginia Skyline Council, 3663 Peters Creek Road, NW, Roanoke, VA 24019, or fax to: 540-777-1151.

1. This registration form and complete health history on back (both signed by parent/guardian)
2. Counselor Apprentice application
3. Counselor Apprentice course fee of \$25 (payable by credit card or check made out to Girl Scouts of Virginia Skyline Council)

Name:		
Address:		
City:	State:	Zip:
Phone number: - -	Email address:	

Please register me for the following Counselor Apprentice course (check one):

- March 28-30, 2008, at the Roanoke Program Center **DEADLINE: March 7, 2008**
 April 18-20, 2008, at Camp Sugar Hollow **DEADLINE: April 11, 2008**

CREDIT CARD INFORMATION		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Account Number:	
Expiration date:	Three-digit security code:	
Cardholder's name:	Cardholder's signature:	
Cardholder's billing address:		
City:	State:	Zip:

PARENT/GUARDIAN PERMISSION:

My daughter, _____, has my permission to participate in the Counselor Apprentice weekend course at _____ on _____.

I understand that attendance at the entire weekend is required and that she will need to be at camp at 7 p.m. on Friday and will need to be picked up at 1 p.m. on Sunday. My daughter has the following food allergies: _____, or other special dietary needs: _____.

To the best of my knowledge, she is physically fit and able to participate in this course, or special considerations are noted on the health history form.

Signature of parent/guardian: _____ Date: _____

PLEASE COMPLETE THE HEALTH HISTORY ON THE BACK OF THIS FORM.

OVER →

GIRL/ADULT HEALTH HISTORY

For (girl/adult name):		Date of birth:	Present age:
Social security number (optional):			
Address:		City:	State: Zip:
Mother's/guardian's name:			
Day phone number: - -		Evening phone number: - -	
Father's/guardian's name:			
Day phone number: - -		Evening phone number: - -	
If parent/guardian cannot be reached in case of an emergency, please call (name):			
Day phone number: - -		Evening phone number: - -	
Relationship to participant:			
Name of physician:		Phone number: - -	
Name of dentist/orthodontist:		Phone number: - -	
Family medical/hospital insurance carrier:			
Policy number:		Group number:	
Date of last health exam:	Were any complicating medical problems noted in exam? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:			
Is the participant currently under the care of a physician or psychologist? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, for what?			
Is the participant currently taking medication on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what and for what?			

Anyone who has a known complicating medical problem or who has had a serious illness or injury or an operation since the last health examination must submit a written statement from a physician giving permission to participate in any activity that normally requires an annual health history or health exam.

HEALTH HISTORY AND INOCULATION RECORD (Please check and include dates where appropriate.)

Chronic or Recurring Illnesses (check those that apply):		Other Health Conditions (check those that apply):	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Musculoskeletal disorders	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Nosebleeds
<input type="checkbox"/> Bleeding/clotting disorders	<input type="checkbox"/> Seizures	<input type="checkbox"/> Constipation	<input type="checkbox"/> Sickle cell trait or disease
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Emotional disturbances	<input type="checkbox"/> Sleep disturbances
<input type="checkbox"/> Ear infection		<input type="checkbox"/> Fainting	<input type="checkbox"/> Special dietary regimen
<input type="checkbox"/> Heart defect/disease		<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Wears glasses/contact lenses
<input type="checkbox"/> Hypertension		<input type="checkbox"/> Menstrual cramps	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Kidney disease		<input type="checkbox"/> Motion sickness	
Allergies (check those that apply and specify nature of allergic reaction):			
<input type="checkbox"/> Animals:		<input type="checkbox"/> Medicines/drugs:	
<input type="checkbox"/> Food:		<input type="checkbox"/> Plants:	
<input type="checkbox"/> Hay fever:		<input type="checkbox"/> Pollen:	
<input type="checkbox"/> Insect stings:		<input type="checkbox"/> Other (specify):	
Immunization History	Years Primary Series Completed	Year of Last Booster	
D.T.P./DTaP			
Td			
MMR (measles/mumps/rubella)			
Chicken pox vaccine (varicella)			
Polio vaccine			
Hib			
Hepatitis B			
Tuberculin test (most recent)			

Are there any physical conditions for which special arrangements need to be made? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what?
Additional information needed by adult leader about this participant:

_____ is physically fit and able to participate in the Girl Scout programs, including summer camp and trips of not more than two nights. I give permission to the physician to order x-rays, routine tests, and treatment for the health of my child in the event that I cannot be reached in an emergency. To the best of my knowledge, the above information is complete and accurate. I agree that videotapes, photographs, and motion picture film in which I/she appear, and/or audio recordings made of my/her voice may be used by Girl Scouts of Virginia Skyline Council and Girl Girl Scouts of the USA, their assigns or successors, in whatever way they desire. Furthermore, I hereby consent that such photographs, films, recordings, and the plates and/or tapes from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, and tapes as they may desire free and clear of any claim whatever on my part.

My daughter, _____, may be given acetaminophen (such as Tylenol). Yes No

Signature of parent/guardian or adult participant: _____ Date: _____

IMPORTANT: PLEASE SIGN THIS FORM!

COUNSELOR APPRENTICE APPLICATION

This application is for girls currently in the eighth grade or above or the equivalent.

Please print or type.

Name:		
Address:		
City:	State:	Zip:
Phone number: - -	Email address:	
Birth date: / /	Present school grade:	
Troop/group number:	Or individual member <input type="checkbox"/>	
Troop leader's name:		
I have taken Camp Program Assistant training. <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, at what camp did you work?	
Location of training:	Date of training:	
1. Camping experience within the last two years (include dates, places, length of stay, and type of camping – family, troop, day, weekend, resident, etc.):		
2. Why do you want to be a Counselor Apprentice?		
3. Check <u>once</u> those camp skills you can do. Check <u>twice</u> the ones you can teach others.		
<input type="checkbox"/> <input type="checkbox"/> compass	<input type="checkbox"/> <input type="checkbox"/> knots	<input type="checkbox"/> <input type="checkbox"/> nature activities
<input type="checkbox"/> <input type="checkbox"/> fire building	<input type="checkbox"/> <input type="checkbox"/> games	<input type="checkbox"/> <input type="checkbox"/> other (list):
<input type="checkbox"/> <input type="checkbox"/> arts and crafts	<input type="checkbox"/> <input type="checkbox"/> parachute games	
<input type="checkbox"/> <input type="checkbox"/> do a flag ceremony	<input type="checkbox"/> <input type="checkbox"/> canoeing	
<input type="checkbox"/> <input type="checkbox"/> lead a campfire	<input type="checkbox"/> <input type="checkbox"/> hikes	
<input type="checkbox"/> <input type="checkbox"/> lead a Scouts' Own	<input type="checkbox"/> <input type="checkbox"/> outdoor cooking	
<input type="checkbox"/> <input type="checkbox"/> songs	<input type="checkbox"/> <input type="checkbox"/> tent pitching	
4. Check any Cadette or Senior recognitions you are currently working on or have completed.		
<input type="checkbox"/> Cadette Program Aide	<input type="checkbox"/> Senior Program Aide	<input type="checkbox"/> Interest Projects (list):
<input type="checkbox"/> Cadette Leadership	<input type="checkbox"/> Senior Leadership	
<input type="checkbox"/> Cadette Challenge	<input type="checkbox"/> Senior Challenge	
<input type="checkbox"/> From Dreams to Reality	<input type="checkbox"/> Career Exploration Pin	
<input type="checkbox"/> Silver Award	<input type="checkbox"/> Gold Award	
<input type="checkbox"/> Bridge to Seniors	<input type="checkbox"/> Leader-in-Training	
<input type="checkbox"/> Community Service Bar	<input type="checkbox"/> Service to G.S. Bar	<input type="checkbox"/> other (list):

I have taken a Program Aide specialization course. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of specialization:	Date:
Other training courses I have taken:	

REFERENCE: One required from the camp director or a camp staff member who knows your camp skills and abilities. (Your reference may not be from a family member.) I have given the Counselor Apprentice reference form to:

Name:	Phone number:	-	-
Address:			
City:	State:	Zip:	

If accepted:

I agree to attend scheduled training and camp sessions or notify the camp director if I am unable to fulfill this commitment. I agree to serve as an appropriate role model for girls, to observe all camp rules and procedures, and to live by the Girl Scout Promise and Law. I have completed this application myself.

Applicant's signature: _____ Date: _____

I agree to support and encourage my daughter as a participant if she is selected for this program. I agree to make appropriate transportation arrangements for my daughter to attend training and camp.

Parent/guardian's signature: _____ Date: _____

RETURN TO: Girl Scouts of Virginia Skyline Council
 3663 Peters Creek Road, NW
 Roanoke, VA 24019
 FAX: 540-777-1151

COUNSELOR APPRENTICE REFERENCE FORM

A Counselor Apprentice works with adults to help teach and lead girls in grades K-6 at camp.

NAME OF APPLICANT:					
How long have you known this applicant?					
In what capacity?					
Please check the appropriate column.	POOR	OK	GOOD	SUPERIOR	DON'T KNOW
1. Knows basic camp skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Can teach basic camp skills to younger girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can teach songs and games to younger girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is familiar with the Brownie program in the <i>Brownie Girl Scout Handbook</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is familiar with the Junior Girl Scout program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can prepare a program for Brownie Girl Scouts to work on a Try-It or for Junior Girl Scouts to fulfill a badge requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Will assume responsibility for completing tasks assigned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Can work with girls her own age on planning and carrying out projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Will set a good example	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Can live and work at a camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has stamina to work at a camp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Keeps up with personal belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS: Please indicate here any information you feel will be helpful.					
Signature:				Date:	

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