



Camp Jinka will be held mainly at the Middletown Art Center, which is located at 36 Church Street, Middletown, NJ 07748 (732) 706-4100. All campers and staff are responsible for bringing their own lunch and snacks daily. Water is available from the water fountain and there are no vending machines. There may also be trips off campus. Please Return to: Camp Jinka PO Box 508 Sea Girt NJ 08750

Applicant Information:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ MOBILE: \_\_\_\_\_

SS#: \_\_\_\_\_ AGE/DOB: \_\_\_\_\_

EMERGENCY CONTACT (Name & Number): \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHYSICIAN/HOSPITAL PREFERENCE/MEDICAL HISTORY/KNOWN ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

Education:

HIGH SCHOOL: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

GRAD SCHOOL: \_\_\_\_\_

Please fill out the following questions:

1. What prior experiences have you had working with children?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Why do you want to work with children who have been affected by a brain tumor?

\_\_\_\_\_



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3. What can you bring to Camp Jinka that will not only enhance the lives of your campers, but also of your fellow counselors? Do you have any suggestions for activities at camp?

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4. If you were previously a counselor, what "volunteer level" (IE peer to peer/full counselor) were you last year, what did you like most about Camp and what responsibilities are you willing have?

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Please indicate the days you are available to volunteer:

\*If you are unable to volunteer for a full day from 9am - 3pm, please indicate what hours you will be available to volunteer.

Teen Week July 5- July 8: \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs  
\_\_\_ Friday (Orientation @ MAC)

July 11- July 15: \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Friday  
July 18- July 22: \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Family  
Dinner/Art Show Friday

References:

Reference #1:

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

Position: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reference #2:

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

Position: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Signature or Guardian's Signature if minor

Date: \_\_\_\_\_