**NJAHS Discovery Summer Camp Leadership Counselors**

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**@ MIS Historic Learning Center**

**640 Old Mason St. Presidio of SF.**

The NJAHS Discovery Summer Camp is seeking experienced counselors (high school & college) for a 1 to 4 week paid summer camp @ the **MIS Historic Learning Center in the Presidio of SF.** Fueled by high energy and an enthusiasm for youth exploration of cultural heritage, this program fosters leadership, and historical and cultural appreciation for the Japanese American experience. Help us translate that into mentoring young campers in a structured, fun, teacher-based learning environment. Learn excellent skills in film editing, taiko, Japanese arts & crafts. Build college-prep & job skills, time & organizational management, cashiering, public speaking, and hands-on investigation.

**Mandatory Participation:**June 1& 2: Orientation & Training

June 3: Classroom Prep

June 5– June 30: Internship

Weekdays 9:30AM – 4:30PM
$400/wk stipend

The National Japanese American Historical Society (NJAHS) is a non-profit membership organization dedicated to the collection, preservation, authentic interpretation, and sharing of historical information of the Japanese American experience for the diverse broader national and global community. Featuring exhibitions, public programs, publications, and the Military Intelligence Service Historic Learning Center.

**Deadline to apply**

**Friday, May 19, 2017**

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The National Japanese American Historical Society

1684 Post Street San Francisco CA 94115

**Call:** 415-921-5007 **FAX:** 415-921-5087

**Email:** njahs@njahs.org **Website:** www.njahs.org

**NJAHS Discovery Summer Camp Counselor Application**

Application due: Friday May 19, 2017

Notification via email/phone

Program Start Date: Monday, June 1, 2017

Internship End Date: Friday, June 30, 2017

Complete the following 5 pages

Personal Information:|

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

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

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in Fall ’17: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must be in high school)

Current High School/College/University:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area of Study/Interest/Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Phone #: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently a member of NJAHS? YES: \_\_\_\_\_\_\_\_\_\_\_\_\_ NO: \_\_\_\_\_\_\_\_\_\_\_\_\_
Are you American Red Cross certified in emergency or CPR training? YES:\_\_\_\_\_\_\_\_\_\_\_ NO;\_\_\_\_\_\_\_
(while it is not a pre-qualification for acceptance, it will be required for all counselors upon start date; July 5)
When are you available for a face-to face/skype interview ? Date/Times:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed Application Due By: 5 pm Friday, May 19, 2017**Submit completed application to: Melissa Ayumi Bailey: Melissa@njahs.orgSubject Line: NJAHS Discovery Summer Camp Counselor

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**NJAHS Discovery Summer Camp Counselor Application**

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

**Write a paragraph explaining why you want this camp counselor position**

**Describe your previous volunteer/work experience/interests:**

**Why are you interested in working in the Japanese American community?**

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**NJAHS Discovery Summer Camp**

**Code of Conduct**

**Interns agree to the following:**

1. No intern/counselor/participant shall be allowed to participate in the 2016 NJAHS Discovery Summer Camp Leadership Internship Program without the completed and returned forms: an Application Form, Code of Conduct Form, a Signed Release Form, and Emergency Medical Attention Authorization Form.
2. Everyone shall respect the rights and property of other participants.
3. NJAHS maintains a smoke-free and drug-free environment. Drugs, tobacco of any kind, smoke-less cigarettes (e-cigarettes/vapes), marijuana and alcoholic beverages are prohibited.
4. All participants must report to and be under the supervision of staff at all times. All participants shall inform their immediate supervisor of their whereabouts at all times.
5. All participants shall report to their internship or designated activities on time. Participants must call in the event of an emergency or excused absence or tardy. Three unexcused absences and/or tardies will constitute grounds for termination from the program.
6. All participants shall be for responsible for their behaviors and actions to their respective peers, advisors or adult leaders.
7. Violation of the above provisions will be investigated and the individuals may be requested to leave the site of the activities with suspension of stipend payment pending investigation. If deemed necessary by the advisors, the parents will be responsible for the immediate return of the participant.

**WE, THE UNDERSINGED, HAVE READ AND ARE FULLY AWARE OF THE REQUIREMENTS OF THE ABOUT CODE OF ETHICS AND AGREE TO ABIDE BY THEM.**

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

Individual’s Signature Date

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

PRINT NAME

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

Parent/Guardian’s Signature (under 18 years of age) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
PRINT NAME

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**NJAHS Discovery Summer Camp Counselor Application**

**Release Form**

In connection with the attendance and the participation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

in the activities of the 2016 NJAHS Discovery Summer Camp Program, I, the undersigned, agree to release, indemnify, and hold harmless the National Japanese American Historical Society, Inc. its officers, agents, and persons from any and all manner of claims, suits, demands, and liability which may otherwise be made by or on behalf of the minor.

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

Participant’s Signature Date

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

Parent/Guardian’s Signature Date

(If individual is under 18 years of age)

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**NJAHS Discovery Summer Camp Counselor Application**

**Emergency Medical Attention Authorization Form**

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission is hereby given to the advisors/adult leaders to authorize by his or her signature whatever medical or surgical treatment may be deemed necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency which may occur on an excursion or activity sponsored by the National Japanese American Historical Society, Inc.

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

Individual’s Signature Date

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

Parent’s/Guardian’s Signature Date
(if individual is under 18 years of age)

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone #: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phones # (who, relationship): (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Who, relationship): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accident/Health Insurance Carrier Medical Number Date of Birth
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please List any allergies, sensitivity to any drugs, diabetic condition, etc.:

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

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