

Ocean City Recreation and Parks  
200 125<sup>th</sup> Street  
Ocean City, MD 21842  
410-250-0125 (voice)  
410-250-5409 (fax)

April 1, 2020

Dear Applicant,

Thank you for your interest in the Camp Horizon Junior Counselor program. We are looking forward to a fun and exciting summer. Please review the information in this packet carefully and complete the application completely. Our Camp Director and Assistant Director will schedule and conduct all Junior Counselor interviews for new applicants in late May and early June. Each week has a limited number of Junior Counselor positions and all applicants will be considered for up to two sessions. Field Trip week will be by invitation only.

Junior Counselors are direct assistants to the Camp Horizon staff. Junior Counselors are part of our staff and are not campers. Their role is a serious one and is a job not an extension of day care or camp life. Junior Counselors are essentially counselors in training and will learn what it takes to be a Camp Horizon Counselor. Junior Counselors are hired on a session-by-session basis and can be dismissed at any time for any cause.

Camp Horizon will be held at Ocean City Elementary School from 9:00 a.m. to 4:00 p.m., Monday through Friday. All Junior Counselors must attend an orientation session on Friday, June 19<sup>th</sup> from 10am – noon. Junior Counselors must provide their own transportation to and from Camp Horizon. Junior Counselors will be asked to pay a \$30 fee for the season.

If you have any questions regarding this application process or the position of Junior Counselor, please feel free to contact me. I am available at 410-250-0125 or [dortega@oceancitymd.gov](mailto:dortega@oceancitymd.gov).

Sincerely,

*Denise Ortega*

Denise Ortega  
Recreation Supervisor

Ocean City Recreation and Parks  
**Camp Horizon**  
**Junior Counselor Application Instructions**

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Please review this document carefully and fully complete all instructions when applying for a position as a Junior Counselor. All materials must be received by 5:00 p.m. on Monday, May 4. If you have questions, please contact Denise Ortega at 410-250-0125 or [dortega@oceancitymd.gov](mailto:dortega@oceancitymd.gov).

Job Description

The Junior Counselor is a volunteer who assists Camp Counselors and the Administrative Staff of Camp Horizon with daily tasks. These tasks include, but are not limited to, preparing for and cleaning up after activities, planning and implementing games and activities, assisting campers, and acting as a positive role model for campers.

Program Requirements

Junior Counselors must be at least 13 years of age (as of their first day of camp) and less than 18 years of age. This is a volunteer position and Junior Counselors will not receive compensation. Junior Counselors are hired on a session-by-session basis and can be dismissed at any time for any cause. There are a limited number of Junior Counselor positions each session and no more than two sessions will be assigned. Field Trip Week (Session H) will be by invitation only.

2020 Camp Horizon Sessions

Session A: June 22 – 26	Session E: July 20 – 24
Session B: June 29 – July 3	Session F: July 27 – 31
Session C: July 6 – 10	Session G: August 3 – 7
Session D: July 13 – 17	Session H: August 10 – 14*

\*You may not apply for Session H (Field Trip Week)/JC's will be selected to attend\*

Application Criteria

1. All applicants must complete the enclosed application.
2. New applicants must submit two (2) letters of reference. (Returning JCs who have worked previous summers do not need to submit new letters) These letters should come from a coach, neighbor, teacher, or similar person. Reference letters should not be from family members. Letters can be attached or may be emailed to [DOrtega@oceancitymd.gov](mailto:DOrtega@oceancitymd.gov)
3. Applicants must include a \$30 participation fee. If any applicant is unable to work than the fee will be returned.
4. The Director/Assistant Director will interview new applicants. These interviews will be set up on an individual basis. (Returning JCs will not be interviewed)
5. All Junior Counselor applicants will be notified by June 1 of their acceptance into the program and what sessions they are assigned.
6. All Junior Counselors who are accepted into the program must attend orientation on Friday, June 19<sup>th</sup> from 10am-Noon at OCES

Ocean City Recreation and Parks  
**Camp Horizon**  
**Junior Counselor Application**

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First Name: _____	Last Name: _____		
Gender: _____	Date of Birth: _____	Age as of June 22, 2020: _____	
Parent's Name(s): _____			
E-mail Address: _____			
Permanent Address: _____			
Summer Address: _____			
Home Phone: _____			T-shirt Size: _____

1. How did you learn about Camp Horizon? \_\_\_\_\_

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

2. Why do you want to be a Junior Counselor? \_\_\_\_\_

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

3. Why would you be an asset to Camp Horizon? \_\_\_\_\_

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

4. With what age group (3 – 12 year olds) would you prefer to work? \_\_\_\_\_

\_\_\_\_\_

5. Explain your experience as a camper in Camp Horizon or at any other summer camp you have attended. \_\_\_\_\_

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

6. Of the 8 sessions of camp, which are you interested in working? \_\_\_\_\_

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7. Junior Counselors work Monday through Friday, 9:00 a.m. to 4:00 p.m. Is there any reason why you cannot work this schedule? \_\_\_\_\_

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8. Please attach two (2) letters of reference from someone such as a coach, teacher, or neighbor. These letters should not be from family members.

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Please return your completed application, \$30 participation fee, and two (2) letters of reference by May 4 to:

Denise Ortega, Recreation Supervisor  
Northside Park  
200 125<sup>th</sup> Street  
Ocean City, MD 21842

# Camp Horizon Swimming Information

Child's Name: \_\_\_\_\_ Age as of June 22, 2020: \_\_\_\_\_

Each week Camp Horizon spends one day (weather permitting) on the beach. In addition, some of the field trips involve water parks, pools, and waterslides. For the safety of your child we ask that you set your child's swimming limit for camp. Keep in mind that most of our swimming time is in the ocean! Ocean City Beach Patrol will run a swim test each week and approve your suggested level. Camp Horizon staff reserves the right to limit your child's swimming request should conditions warrant a change. We will not allow your child to swim above your approved level without your permission that must be made in writing by use of another copy of this form.

Pool/Waterpark	Level	At the Beach	Level
	Up to knees		Up to knees
	Up to waist		Up to waist
	Up to chest		Up to chest
	Overhead/Swimmer		Overhead/Swimmer

## Camp Horizon Medical Treatment Authorization

Insurance Company: \_\_\_\_\_

Identification/Policy Number: \_\_\_\_\_ Group: \_\_\_\_\_

I, \_\_\_\_\_ (parent), give permission to the staff of the Ocean City Recreation and Parks Department and Camp Horizon to act on my behalf in caring for my child, \_\_\_\_\_, should an emergency arise. In addition, I give permission in the case of injury for my child to be transported to the nearest hospital for treatment to include evaluation of injuries, x-rays, and any other needed care. I understand that the staff of Ocean City Recreation and Parks and Camp Horizon will make every effort to contact me prior to authorizing transportation and/or medical treatment on my behalf. In addition, I release the Town of Ocean City and its agents, employees, and authorized representatives from any liability in connection with the granted authorization.

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

Parent's Printed Name: \_\_\_\_\_

It is important to note that the hospital may elect not to treat your child unless you, as the parent or guardian, are present. The Ocean City Recreation and Parks Department recommends that each parent contact the appropriate hospital and/or physician to arrange for treatment authorization in emergency situations

# Camp Horizon Health History and Emergency Information Form

Child's Name: \_\_\_\_\_ Age as of June 22, 2020: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Emergency Contact Information

Parent: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Parent: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?  No  Yes (please explain below)

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

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware?  No  Yes (please explain below)

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

## Immunization Information

For campers who reside within the United States, a US territory, or the District of Columbia:  State/territory in which the child resides: _____  Is this child exempt from any immunizations? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list _____ _____	OR	For campers who reside outside the United States, a US territory, or the District of Columbia:  Country in which child resides: _____  Attach Maryland DHMH-896 form (record of vaccination or immunity)
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Signed: \_\_\_\_\_

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

# Camp Horizon Field Trip Permission Slip

Child's Name: \_\_\_\_\_ Age as of June 22, 2020: \_\_\_\_\_

Each week Camp Horizon and the Ocean City Recreation and Parks Department will take special field trips to offsite locations. In order to ensure the safety and wellbeing of all campers and staff, we require that this permission slip be completed for all trips that your child may attend during his/her stay at camp. Children without this permission slip on file will not be able to attend our exciting and rewarding field trips which may include, but are not limited to beach days, water parks, and the zoo.

I, \_\_\_\_\_, give the Ocean City Recreation and Parks (Parent's Name) Department permission to transport \_\_\_\_\_ to and from (Child's Name) any and all field trips organized by the department and the Camp Horizon Staff. In addition, I give permission for my child to be transported to the Ocean City Public Safety Building (6501 Coastal Highway) in the event my child is not picked up from camp.

I do hereby for myself, my heirs and assigns, waive and release any and all claims to damage against the Town of Ocean City, the Ocean City Recreation and Parks Department, and its agents or authorized representatives conducting Camp Horizon as a result of any and all injuries incurred by the above listed participant from or while participating in Camp Horizon.

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