

United Sports Junior Counselor Application

Applicants Information: (Please print all information below)

| Name: | | |
|---|-------------------------------|--------------|
| Gender: M / F D.O.B: | | |
| Street Address: | | |
| City: | State: | Zip: |
| Home Phone: | Cell Phone: | |
| Email Address: | | |
| School: | | |
| Parent/Guardian Information: Parent/Guardian 1: Name(s): | | |
| Street Address: | | |
| City: | State: | Zip: |
| Home Phone: | Cell Phone: | |
| Parent/Guardian 2 Name(s): | | |
| Street Address: | | |
| City: | | |
| Home Phone: References: (Someone not listed abo Name: | ove in the Parent or Guardian | Information) |
| Relationship: | | |
| Name: | | |
| Relationship: | Cell Phone | :: |

Write a short essay describing the following: Your interest in this program, why you wish to become a Junior Counselor, what you hope to achieve and learn from the program, two strengths you can bring to the program and two areas you think you can improve upon. You may use the back of this page; or attach a separate page if necessary.

APPLICATIONS MUST BE SUBMITTED NO LATER THAN June 1st, 2025



