

# 2019 HIGH TRAILS COUNSELOR APPLICATION

Completed applications are due to Ms. Hatfield in room 515 by **Friday, 8/30!**

**LEADERSHIP TRAINING OPPORTUNITY:** We have an all-day district wide leadership training opportunity at High Trails on Friday, 8/30 (see orange flyer). Attending students will join in leadership development, nature walks, and team building activities. This opportunity is selective and space is limited. If you are interested, please check the following box and turn your application in ASAP. Selections for this day will be based on a first come first serve basis.

I am interested in the Leadership Development Day!

Additionally, information about High Trails can be found at [www.htoec.org](http://www.htoec.org).

-----PLEASE PRINT NEATLY!-----

Name: \_\_\_\_\_ Grade (circle): 9    10    11    12

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. Have you attended High Trails as a camper?    YES / NO
2. Have you attended High Trails as a counselor?    YES / NO
3. You will miss four (4) days of classwork. Are you willing to pre-arrange a plan with your teachers for making up missing work?    YES / NO
4. Describe your plan and your commitment to completing your schoolwork in advance:
  
5. On a separate sheet of paper, please provide a written statement in which you:
  - a. Explain why you want to be a High Trails counselor.
  - b. Describe the skills, abilities, experiences or personal qualities that you have that would make you a great counselor and teacher for sixth graders.
  - c. Describe your ability and willingness to work closely and cooperate with teachers and camp staff.
6. Teacher Recommendations: please select at least two teachers who have known you for at least one year. If you are a transfer student, you may have a past teacher e-mail me ([elise.hatfield@asd20.org](mailto:elise.hatfield@asd20.org)) with his/her recommendation.

# 2019 HIGH TRAILS SCHEDULE

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

**Notice:** some dates are Tuesday-Friday (T-F) and others are Monday-Thursday (M-Th). Order your preferred dates from 1 (most preferred) to 12 (least preferred). If you are unavailable, do not enter a number next to the dates. **\*NEW: there are two weeks now offered in the spring time!**

DATES	Can attend?	DATES	Can attend?
Sept. 3-6 (T-F)		Oct 8-11 (M.-Th.)	
Sept. 10-13 (T-F)		Oct. 14-17 (T-F)	
Sept. 17-20 (T-F)		Oct. 22-25 (T-F)	
Sept 24-27 (T-F)		Oct 29- Nov 1 (T-F)	
Sept. 30-Oct. 3 (M-Th)		Nov 5-8 (T-F)	
April 20-23 (M-Th)		April 28-May 1 (T-F)	

## STUDENT COMMITMENT

1. I understand that I will be responsible for all work missed while I am gone.
2. I understand that if I am selected and agree to attend HIGH TRAILS, there are only two acceptable reasons for not fulfilling my commitment: 1) illness or injury, or 2) family emergency.

\_\_\_\_\_  
Student's Name (printed)

\_\_\_\_\_  
Student's signature

## PARENT PERMISSION

\_\_\_\_\_ has my permission to attend HIGH TRAILS for four (4) school days as a camp counselor during one of the sessions marked above. I agree to the following:

1. My son/daughter is responsible for all work assigned while gone from school and must make arrangements for assignments and tests with each teacher before leaving for camp.
2. If my son/daughter is selected and agrees to attend HIGH TRAILS, there are only two acceptable reasons for not fulfilling that commitment: 1) illness or injury, or 2) family emergency.
3. I understand that the use or possession of tobacco, alcohol or drugs is not permitted at any time.

\_\_\_\_\_  
Parent /Guardian signature

DATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

# Teacher Recommendation for High Trails

For: \_\_\_\_\_

I have known this student for \_\_\_\_\_ year(s).

Please briefly summarize your experience with this student during the time you've known him/her.

Please rate this student on a 1-5 scale (1 being the lowest) in terms of the following:

- |                                  |   |   |   |   |   |
|----------------------------------|---|---|---|---|---|
| • Dependability                  | 1 | 2 | 3 | 4 | 5 |
| • Communication                  | 1 | 2 | 3 | 4 | 5 |
| • Participation                  | 1 | 2 | 3 | 4 | 5 |
| • Work Ethic                     | 1 | 2 | 3 | 4 | 5 |
| • Leadership                     | 1 | 2 | 3 | 4 | 5 |
| • Ability to Work Well in Groups | 1 | 2 | 3 | 4 | 5 |
| • Commitment to Academic Work    | 1 | 2 | 3 | 4 | 5 |

**Bottom Line:** Would you recommend and trust this student to work with 6<sup>th</sup> grade students at High Trails? Please sign below to affirm your recommendation.

YES                      NO

\_\_\_\_\_  
Teacher's Name (printed)

\_\_\_\_\_  
Teacher's signature

Any additional comments:

Thank you! Please drop off this recommendation in room 515 or Ms. Elise Hatfield's mailbox.

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**Bottom Line:** Would you recommend and trust this student to work with 6<sup>th</sup> grade students at High Trails? Please sign below to affirm your recommendation.

YES            NO

\_\_\_\_\_  
Teacher's Name (printed)

\_\_\_\_\_  
Teacher's signature

Any additional comments:

Thank you! Please drop off this recommendation in room 515 or Ms. Elise Hatfield's mailbox.