



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

January 1, 2025

Dear Junior Counselor Applicant,

Thank you for your interest in the Camp Horizon Junior Counselor program. We are looking forward to a fun and exciting summer.

If you would like to be considered for a position as a junior counselor, please review the information in this packet carefully and complete the application in its entirety. Our Camp Director, Allie, and Assistant Director, Ryan, will schedule and conduct all Junior Counselor interviews for new applicants in May. Each week of camp has a limited number of Junior Counselor positions. 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. Junior Counselors are essentially counselors in training and will learn what it takes to be a Camp Horizon Counselor. We want our JCs to have fun while helping the counselors they are assigned to. Junior Counselors are hired on a session-by-session basis and can be dismissed at any time for any cause.

2025 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 prior to camp (date and time TBD) 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 to off-set costs.

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 410-520-5180 or [dortega@oceancitymd.gov](mailto:dortega@oceancitymd.gov).

Sincerely,

*Denise Ortega*

Denise Ortega  
Recreation Supervisor  
410-520-5180  
[DOrtega@oceancitymd.gov](mailto:DOrtega@oceancitymd.gov)  
[Camps.OceanCitymd.gov](http://Camps.OceanCitymd.gov)

## **Camp Horizon**

### **Junior Counselor Application Instructions for 2025**

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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 5, 2025. If you have questions, please contact Denise Ortega at 410-520-5180 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 Field Trip Week (Session H) will be by invitation only.

#### 2025 Camp Horizon Sessions

~~Session A: June 16 – June 20~~ \*canceled due to change in Worcester County school calendar

Session B: June 23 – June 27

Session C: June 30 – July 4 (no camp July 4)

Session D: July 7 – July 11

Session E: July 14 – July 18

Session F: July 21- July 25

Session G: July 28 – August 1

Session H: August 4 – August 8 (Field Trip Week)

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

\*If you are interested in working Field Trip Week, see question 6, but Ryan will email families during the summer with specific invitations for your Junior Counselor.

#### 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.
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 a mandatory orientation prior to camp (Date and Time TBD)

Junior Counselor Information Sheet

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

Circle One: New                  Returner

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

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

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

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Grade completing as of June 2025: \_\_\_\_\_

T-Shirt Size: AS AM AL AXL A2XL

Please check which weeks you are available (this is just availability not necessarily the weeks you will work)

- B: June 23-27, 2025
- C: June 30-July 3, 2025 \*No Camp July 4<sup>th</sup> – Independence Day
- D: July 7-11, 2025
- E: July 14-18, 2025
- F: July 21-25, 2025
- G: July 28-August 1, 2025
- H: August 4-8, 2025 \*Field Trip Week

\*\*\*\*\*For Office Use Only\*\*\*\*\*

- Application Complete
- Medical Waiver
- Volunteer Waiver
- Interview Scheduled – Date:

2025 Camp Horizon  
**1<sup>st</sup> Year Junior Counselor Application**  
(DO NOT fill out if you are a returning JC)

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. Rank the following age groups (1-5, 1 being most comfortable and 5 being least comfortable) in which you feel comfortable working with:

5-year old's \_\_\_\_\_                      8-9-year old's \_\_\_\_\_  
5-6-year old's \_\_\_\_\_                      10-12-year old's \_\_\_\_\_  
7-8-year old's \_\_\_\_\_

5. Have you been to Camp Horizon before? If not, is there any other summer camp you have been to?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. 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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please return your completed application, \$30 participation fee, and two (2) letters of reference by May 5, 2025.  
to:

Denise Ortega, Recreation Supervisor  
Northside Park  
200 125th Street  
Ocean City, MD 21842

2025 Camp Horizon  
**Returning Junior Counselor Application**  
(DO NOT fill out this page if you are a 1<sup>st</sup> Year JC)

1. What are you looking forward to most about returning as a JC?

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2. What did you learn since last summer that will help you become an even better JC this summer?

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3. Rank the following age groups (1-5, 1 being most comfortable and 5 being least comfortable) in which you feel comfortable working with:

5-year old's \_\_\_\_\_

8-9-year old's \_\_\_\_\_

5-6-year old's \_\_\_\_\_

10-12-year old's \_\_\_\_\_

7-8-year old's \_\_\_\_\_

4. What is your favorite memory of being a Junior Counselor at Camp Horizon?

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5. 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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Please return your completed application and \$30 participation fee by May 5, 2025 to:

Denise Ortega, Recreation Supervisor  
Northside Park 200 125th Street Ocean City, MD 21842

## Camp Horizon Swimming Information

Child's Name: \_\_\_\_\_

Age as of June 23, 2025: \_\_\_\_\_

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 situation

# Camp Horizon Health History and Emergency Information Form

Child's Name: \_\_\_\_\_ Age as of June 23, 2025: \_\_\_\_\_

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

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

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



# Camp Horizon Field Trip Permission Slip

Child's Name: \_\_\_\_\_ Age as of June 23, 2025: \_\_\_\_\_

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: \_\_\_\_\_

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**Town of Ocean City, Maryland**  
**Participation Waiver and Release of Liability**

PROGRAM: \_\_\_\_\_

PARTICIPANT NAME: \_\_\_\_\_ (print)

I hereby certify that I am the adult parent or guardian of \_\_\_\_\_, a minor child under the age of eighteen years, and I consent to his/her participation in the above listed Program, and I do so with the understanding that the participation of my child is at our own risk; specifically, in regard to taking part in a program outside with all the inherent risks associated with being outdoors, including but not limited to, surface elevation irregularities and insects. I understand and acknowledge that I am fully aware of and assume the risks (including but not limited to the risk of serious bodily injury, illness, death, property loss or damage) of my minor child's participation in the Program.

Furthermore, I, my spouse, my child and my/our agents, successors, personal representatives, assigns, heirs and next of kin, hereby expressly agree to indemnify and hold the Town of Ocean City, its officials, officers, agents, employees, volunteers and representatives harmless from, for and against, any and all liabilities, claims, suits, demands, judgments, causes of action of any kind (at law or at equity), losses, damages, costs or charges (including attorneys' fees), related directly or indirectly to my child's participation in the above program, including any and all injuries or illness my child may sustain while participating in the program.

I, and my spouse, covenant not to sue, and release, waive and discharge the Town of Ocean City, any of its department, or its officials, officers, agents, employees and representatives, all of whom for the purpose of this release are referred to as Releasees, from all liability to myself and my child, and my/our agents, successors, personal representatives, assigns, heirs and next of kin, for any and all loss or damage on account of injury to my child's person or property, whether caused by the negligence of the Releasees or otherwise, while participating in the Program and while on Town of Ocean City property. I agree that the foregoing Release is intended to be as broad and inclusive as is permitted by the laws of the State of Maryland, and that if any portion of it is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Please Note: Due to the strenuous nature of some activities, participant is urged to consult his or her physician concerning fitness to participate. All activities present certain inherent risks and hazards which the participant is urged to consider and which the participant assumes. I recognize my responsibility to ensure my minor child participates only in a program for which he/she has the required skills, qualifications, training and physical conditioning.

Photography: Participants may be photographed for publicity purposes while participating in said Program and agree to their image and likeness being used by the Town. I, on behalf of my child, consent to said photography and use of my child's images for publicity.

By signing below, I express my understanding and intent to enter into this Participation Waiver and Release of Liability willingly and voluntarily and assert that I am at least eighteen years of age.

Signature (adult parent or guardian) \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_