

AgHope Leadership Academy 2025 Camp Counselor Application

Independent Contractor Application Form

Hosted at Alcorn State University / Presented by MentorScope Community Outreach

Section 1: General Information

Full Legal Name:

Preferred Name (if different):

Date of Birth:

Gender: ☐ Male ☐ Female

Phone Number:

Email Address:

Mailing Address - Street:

City:

State:

Zip Code:

Section 2: Availability & Week Selection

Please indicate which week(s) you are applying to serve:

☐ Middle School Week (June 6-13, 2025)

☐ High School Week (July 20-27, 2025)

☐ Both Weeks Are you available to stay on-site at Alcorn State University for the full duration of camp?

☐ Yes

☐ No

If no, please explain:

Section 3: Emergency Contact

Name:

Relationship:

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Phone Number:

Alternate Number:

Section 4: Experience & Qualifications

Current Occupation/Title:

Highest Level of Education Completed: ☐ High School ☐ Associate ☐ Bachelor's ☐ Master's ☐ Other: _____

Relevant Experience Working with Youth (Check all that apply):

☐ Summer Camps

☐ Classroom Teaching

☐ Youth Mentorship

☐ Coaching or After-School Programs

☐ Other: _____

Briefly describe your experience working with middle and/or high school students, including any leadership roles you

Why do you want to serve as a Camp Counselor at AgHope Leadership Academy:

What skills or qualities would you bring to our Leadership Academy?

☐ Leadership Development

☐ Public Speaking

☐ Conflict Resolution

☐ Classroom Management

☐ Team Building

☐ Agriculture Knowledge

☐ STEAM Programming

☐ Entrepreneurship/Business

☐ Creative Arts

☐ Event Planning

☐ Other

If selected, please describe one special hands-on lesson, workshop, or activity you could lead during camp:

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Section 5: Background & References

Have you ever been convicted of a felony or misdemeanor?

☐ No

☐ Yes (If yes, please explain): _____

Are you willing to submit to a background check if selected?

☐ Yes

☐ No

Do you hold a current CPR/First Aid Certification?

☐ Yes (Expiration: _____)

☐ No

Reference 1 - Name:

Relationship:

Phone:

Email:

Reference 2 - Name:

Relationship:

Phone:

Email:

Section 6: Independent Contractor Acknowledgement

By signing below, I understand and agree that if selected as a Camp Counselor for AgHope Leadership Academy:

-I am serving in the capacity of an Independent Contractor, not an employee.

-I will receive a stipend amount as outlined in the AgHope Independent Contractor Agreement.

-I will be responsible for the supervision, safety, and support of campers and assigned activities throughout the duration of camp.

-I am committing to a high standard of professionalism, confidentiality, and ethical conduct.

-I must attend the required Counselor Orientation and Training Session (date TBA).

-I agree to abide by all camp policies, rules, and guidelines provided by AgHope Leadership Academy and MentorScope Community Outreach.

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Signature:

Date:

Section 7: Required Attachments

Upload or Submit with Application:

☐ Copy of Government-Issued ID

☐ Resume or Bio

☐ Proof of CPR/First Aid Certification (if applicable)

☐ Headshot Photo for Camp Records

Submission Instructions

Please submit the completed application and all attachments via email to:

amilson@mentorscope.com Subject Line: AgHope 2025 Counselor

Application - [Your Name] Application Deadline: June 22, 2025

For questions, contact: (313) 825-9299 or visit www.mentorscope.com