DOROTHY H. O'CONNOR
PET ADOPTION CENTER

135 PROGRESS DRIVE
VICTORIA TEXAS 77905
(361) 575-8573 OFFICE
(361) 575-8575 FAX

Camp K9 Counselor Application 2026

Requirements:

- Age: 15+
- Participated in Camp K9 previously, or approved by Camp Director.
- Counselors will receive a DOCPAC Camp K9 Counselor T-shirt that must be worn each day.
- Cost- **$25.00** to cover counselor t-shirt expense & supplies.

Duties:

- Counselors will assist campers in ALL activities during camp, making sure that someone knows where campers are at ALL times.
- DOCPAC and campers depend on you to be punctual, reliable, dependable, and committed.
- Counselors aid program staff before, during, and after camp each day.
- Counselors must ensure that campers conduct themselves within the DOCPAC safety guidelines.
- Counselor's schedule is Monday-Thursday, 8:30am-12:30pm, for the sessions they select.

Name:			Age:
Parent's Name:			
Daytime Phone:	Cell Phone:		
Address:	City:	State:	Zip:
Email Address:			
Emergency Contact:		Relation:	
Phone #1:	Phone #2:		
Allergies:			

Adult T-Shirt size: (Please circle one):

Small	Medium	Large	X-Large	2XL

Circle camp sessions you are available to attend as a counselor:

1. June 15th – 18th (8:30am – 12:30pm)	**2. June 22nd – 25th** (8:30am – 12:30pm)	**3. June 29th – July 2nd** (8:30am – 12:30pm)
4. July 13th – 16th (8:30am – 12:30pm)	**5. July 20th – 23rd** (8:30am – 12:30pm)	**6. July 27th – 30th** (8:30am – 12:30pm)

DOROTHY H. O'CONNOR
PET ADOPTION CENTER

135 PROGRESS DRIVE
VICTORIA TEXAS 77905
(361) 575-8573 OFFICE
(361) 575-8575 FAX

Legal Information

In consideration of being allowed to participate in the DOCPAC Camp K9, the undersigned, on his or her own behalf, and/or on behalf of the participant(s) identified below, acknowledges, appreciates, and agrees to the following conditions:

I, _____ the parent/legal guardian of _____

The participant(s)' attendance at the day camp, he or she will be in contact with and may be allowed to hold and pet animals. I understand there is a chance that the participant(s) may contract a disease or illness in handling the animals. I also understand that there is a chance that the participants may sustain a scratch or bite while handling the animals. I understand that the above is illustrative of the types of risks involved in participating with day camp, but is not a complete list of possible risks. I, on behalf of myself and the participants, knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others; and, by signing my name below, I, for myself and the participant(s) do hereby absolutely and unconditionally release and discharge DOCPAC including its employees, successors, assigns, directors, officers, and agents, from and against any and all claims, obligations and liabilities, of every nature and kind whatsoever, relating to or arising out of participant(s)' participation with DOCPAC's Day Camp. In case of injury to my child, I request DOCPAC to contact me. If the DOCPAC is unable to reach me or the emergency contact, I authorize DOCPAC to make whatever arrangements deemed necessary.

I authorize DOCPAC to use my child's name, photograph, and video image for public relations both in Facebook and on the website www.docpac.net.

Please initial: Agree: _____ Disagree: _____

_____ _____

Print Parent/Guardian's Name Date

_____

Signature