



## **2025 SUMMER BAND CAMP COUNSELOR INFORMATION AND APPLICATION**

Welcome to the **2025 Itawamba Community College Summer Band Camp!** We appreciate your interest in becoming a camp counselor. You will not only learn to help others, but also gain confidence, deepen your understanding of music, improve your communication skills and develop leadership abilities that future employers seek. The dates for the camp are **June 22-27, 2025**, but we must receive this completed application by **April 10, 2025**.

To be considered as an ICC Band Camp Counselor:

1. Submit a completed **ICC Band Camp Counselor Application**.
2. Submit a **Letter of Recommendation** from your band director.
3. You must be a member of the ICC All-American Band in the fall of 2025.
4. You must graduate from your local band program in good standing.
5. You must be a positive role model for all who meet you.
6. You must be trustworthy and willing to work and do whatever is necessary to help the camp run smoothly.
7. **Return application by April 10, 2025.**

If you have any questions, contact me at 662.862.8406 or through email: [rotodd@iccms.edu](mailto:rotodd@iccms.edu).

You may mail (or email) your completed application and references to:

**ICC Summer Band Camp  
602 West Hill Street  
Fulton, MS 38843**

Thank you,

Ryan Todd  
Director of Bands  
ICC All-American Band

# ICC SUMMER BAND CAMP COUNSELOR APPLICATION

Name: \_\_\_\_\_ High School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

H.S. Band Dir. Signature: \_\_\_\_\_ H.S. Band Director Phone: \_\_\_\_\_

Instrument: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Color Guard Experience: **YES or NO** If yes, what level of experience: (years, captain, indoor, etc.)

Drum Major Experience: **YES or NO** Section Leader Experience: **YES or NO**

List other experiences that you think would make you a qualified counselor:

**References** – List names and contact information of two people (not relatives or the band director listed above) who have knowledge about your character, experience and work habits.

1. Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

2. Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

**Answer the following questions on a separate document:**

1. What do you hope to give and receive from a summer band camp counselor experience?
2. Have you ever been a counselor at a camp?
3. What do you think is the purpose of the ICC Band Camp?
4. What gifts and experience (other than what is listed above) can you bring to the ICC Band Camp?
5. Do you feel comfortable working with young musicians/campers?

As an ICC Summer Band Camp Counselor, I understand that I will follow the guidelines, policies and procedures set by the camp director:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_