

Churchville Nature Center

2024 Volunteer Summer Camp Counselor Application

(must be 14 years old or older)

TODAY'S DATE: ____ / ____ / ____

NAME: _____ BIRTHDAY: _____

ADDRESS: _____

CONTACT EMAIL: (print carefully) _____

PHONE: _____

SCHOOL: _____ GRADE COMPLETING IN JUNE: _____

POSITION DESCRIPTION: Volunteer Summer Camp Counselors assist the lead Summer Camp Educators with daily camp operations. Responsibilities include camper check-in/out, helping with camp activities, and clean-up of camp spaces. Training will be provided.

PLEASE ANSWER ALL QUESTIONS COMPLETELY

What experience have you had working with children?

Have you ever taken the Red Cross Babysitting Course or any First Aid or other Safety courses?
If so, please tell us what courses you've taken and when you completed them.

Do you belong to any clubs or organized groups? Will your work as a Volunteer Summer Camp Counselor fulfill any volunteering requirements from a group to which you belong?

How did you find out about the Volunteer Summer Camp Counselor program?

Why do you want to be a Volunteer Summer Camp Counselor and what makes you a good fit?

Volunteer Summer Camp Counselor Work Agreement & Permission

*Please read carefully, complete all sections, and return **ASAP**. Scheduling is first-come-first-serve.*

VOLUNTEER SUMMER CAMP COUNSELOR AVAILABILITY:

Camps run from 9:00 AM – 3:00 PM or until cleanup is complete. **You must be available all days of the week and be able to commit to at least two (2) full weeks to qualify for consideration.** If for some reason your schedule changes and you can no longer work your assigned weeks, please provide one week's notice. Please check which weeks you are available to be a counselor. We will provide email confirmation once we receive your completed application. Please be as accurate as possible when selecting your weeks.

_____ **Week #1** June 17 – 21

_____ **Week #2** June 24 – 28

_____ **Week #3** July 1 – 5 (no camp 7/4)

_____ **Week #4** July 8 – 12

_____ **Week #5** July 15 – 19

_____ **Week #6** July 22 – 26

_____ **Week #7** July 29 – Aug 2

_____ **Week #8** Aug 5 – 9

_____ **Week #9** Aug 12 – 16

_____ **Week #10** Aug 19 – 23

By signing, I understand that counselors are to arrive at the Churchville Nature Center by 8:50 AM each day (8:30 AM on Mondays) to help set up and will leave around 3:00 PM when clean up and prep for the next day is complete. Counselors are responsible for their own transportation to and from the nature center.

Applicant's Name _____ Signature of Applicant _____
(print)

VOLUNTEER SUMMER CAMP COUNSELOR APPLICANT'S PARENT OR GUARDIAN:

Please read carefully and sign.

I have reviewed and approve of _____'s application to the Volunteer Summer Camp Counselor Program. Should my child be accepted, I will support his/her participation in this program and realize that transportation to and from the nature center is our responsibility.

Signature of Parent or Guardian

IMPORTANT NOTICE All counselors will need to have clearances to volunteer with children. These forms are free and once your child is accepted into the program, we will supply you with the links to the clearances. If you have submitted clearances to us in the past, they are valid for five (5) years from the request date.

***APPLICANTS WILL BE ACCEPTED ON A ROLLING BASIS UNTIL ALL OPENINGS HAVE BEEN FILLED.
A mandatory training day is scheduled for Saturday, June 8th from 11am to 1pm.***

PLEASE MAIL-IN, DROP-OFF, OR EMAIL YOUR APPLICATION TO OUR SUMMER CAMP COORDINATOR

Attn: Susan Slawinski
Churchville Nature Center
501 Churchville Lane, Churchville, PA 18966
v-skslawinski@buckscounty.org

**CHURCHVILLE NATURE CENTER SUMMER PROGRAMS
MEDICAL & EMERGENCY INFORMATION**

Applicant's Full Name_____ Nickname (if any)_____

Date of Birth_____

Parent/Guardian Name(s)_____

Address_____

Phone (H)_____ (W)_____ (Cell) _____

In case of an emergency, the first person I would like you to contact is:

Name_____ Phone #_____

Relationship to child_____

If that person cannot be reached, please contact:

Name_____ Phone #_____

Relationship to child_____

Medical Information:

Does your child have a significant medical condition of which we should be aware?

☐ yes ☐ no If yes, please describe:

Does your child have any allergies? ☐ yes ☐ no If yes, please explain:

Name of physician_____ Phone #_____

I give my permission for my child to receive emergency medical treatment if the staff is unable to contact me. I recognize that all emergency medical expenses will be my financial responsibility.

Parent/Guardian Signature_____ Date_____