

# Churchville Nature Center

## 2026 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. Counselors must be able to stay with the group on the trails, act appropriately around children, and help educators with activities. Training will be provided at the beginning of the summer and at the start of every week.

### **PLEASE ANSWER ALL QUESTIONS COMPLETELY**

What experience have you had working with children?

Have you ever taken 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 you must commit to at least two (2) 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 15 – 19  
\_\_\_\_\_ **Week #2** June 22 – 26  
\_\_\_\_\_ **Week #3** June 29 – July 3  
\_\_\_\_\_ **Week #4** July 6 – 10  
\_\_\_\_\_ **Week #5** July 13 – 17

\_\_\_\_\_ **Week #6** July 20 – 24  
\_\_\_\_\_ **Week #7** July 27 – 31  
\_\_\_\_\_ **Week #8** Aug 3 – 7  
\_\_\_\_\_ **Week #9** Aug 10 – 14  
\_\_\_\_\_ **Week #10** Aug 17 – 21

By signing, I understand that counselors are to arrive at the Churchville Nature Center by 8:45 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:**

*If the applicant is under the age of 18, a parent/guardian must 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/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 6<sup>th</sup> from 12pm to 1:30pm.***

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

**Attn: Megan Keller  
Churchville Nature Center  
501 Churchville Lane, Churchville, PA 18966  
Or email: [v-mbkeller@buckscounty.org](mailto:v-mbkeller@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 \_\_\_\_\_