

# Churchville Nature Center Summer Assistant Application

NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE COMPLETING IN JUNE: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

## 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 Summer Assistant fulfill any volunteering requirements from a group to which you belong?

How did you find out about the Summer Assistant Program?

Please tell us why you want to be a Summer Assistant and why you would make a great one.

## REFERENCE

Please give us the name of an adult (other than a relative) who would be willing to tell us more about you.  
(Teacher, Friend, Church or Synagogue Leader, Club Leader, etc.)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

# Summer Assistant Work Agreement & Permission

Please read carefully, complete all sections, and return to CNC by May 8, 2016.

## SUMMER ASSISTANT APPLICANT AVAILABILITY:

All camps run from 9:00 – 4:00. You must sign up for full days and you must commit to at least 2 weeks to qualify for consideration. I am available to be a Summer Assistant for the following weeklong session(s):

- Week #1- June 18<sup>th</sup> – 22<sup>nd</sup>**
- Week#2 - June 25<sup>th</sup> – 29<sup>th</sup>**
- Week #3 – July 2<sup>nd</sup> – 6<sup>th</sup> (4 days)**
- Week#4 - July 9<sup>th</sup> – 13<sup>th</sup>**
- Week #5 - July 16<sup>th</sup> – 20<sup>th</sup>**
- Week#6 – July 23<sup>rd</sup> – 27<sup>th</sup>**
- Week #7 – July 30<sup>th</sup> – August 3<sup>rd</sup>**
- Week#8 - August 6<sup>th</sup> – 10<sup>th</sup>**
- Week#9 - August 13<sup>th</sup> – 17<sup>th</sup>**
- Week #10 - August 20<sup>th</sup> – 24<sup>th</sup>**

I understand that Assistants are to arrive at the Churchville Nature Center by 8:30 AM each day to help set up and will leave at 4:00PM when clean up and prep for the next day is complete. Assistants are responsible for their own transportation to and from the nature center.

Applicant's Name (print) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

## SUMMER ASSISTANT PROGRAM APPLICANT'S PARENT OR GUARDIAN:

Please read carefully and sign.

I have reviewed and approve of \_\_\_\_\_'s application to the Summer Assistant 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

### \*Special Note to parents\*

Due to new regulations all counselors will need to have clearances to volunteer with children. These forms are free and once you child is accepted into program we will supply you with the links to the clearances.

**APPLICANTS WILL BE NOTIFIED OF THEIR ACCEPTANCE INTO THE PROGRAM NO LATER THAN May 15, 2016. WE WILL LET YOU KNOW AT THAT TIME WHICH SESSION OR SESSIONS YOU WILL BE WORKING. A Mandatory Counselor training day is scheduled for June 2nd at 11:00 – 1:00**

**PLEASE RETURN YOUR COMPLETED APPLICATION BY MAY 8, 2018 TO:**

Peg Mongillo [pamongillo@buckscounty.org](mailto:pamongillo@buckscounty.org)

**Churchville Nature Center, 501 Churchville Lane, Churchville, PA**

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

Child's Full Name \_\_\_\_\_ Nickname (if any) \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's 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's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail this completed form to:**

**pamongillo@buckscounty.org**

Peg Mongillo, 501 Churchville Lane, Churchville, PA 18966