

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, 2019.

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 24th - 28th _____
- Week#2 July 1st - 5th _____
- Week #3 July 8th - 12th _____
- Week#4 July 15th - 19th _____
- Week #5 July 22nd - 26th _____
- Week#6 July 29th- Aug 2nd _____
- Week #7 Aug 5th - 9th _____
- Week#8 Aug 12th - 16th _____
- Week#9 Aug 19th - 23rd _____
- Week #10 Aug 26th - 30th _____

By signing, 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 _____ Signature of Applicant _____
(print)

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, 2019. 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 15th at 11:00 – 1:00

PLEASE RETURN YOUR COMPLETED APPLICATION BY MAY 15, 2019 TO:

Peg Mongillo 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