

Churchville Nature Center

Summer Assistant Application

(must be 14 years old or older)

NAME: _____ BIRTHDAY: _____

ADDRESS: _____

CONTACT EMAIL: (print carefully)

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.

Summer Assistant Work Agreement & Permission

Please read carefully, complete all sections, and return to CNC by May 14, 2020

SUMMER ASSISTANT APPLICANT AVAILABILITY:

All camps run from 9:00 AM – 3:30 PM. You must sign up for full days and you must commit to at least two (2) weeks to qualify for consideration. Check which weeks you are available to be a Summer Assistant:

Week #1 June 22nd - 26th _____
Week#2 June 29th - July 3rd _____
Week #3 July 6th - 10th _____
Week#4 July 13th - 17th _____
Week #5 July 20nd - 24th _____
Week#6 July 27th- July 31st _____
Week #7 Aug 3rd - 7th _____
Week#8 Aug 10th - 14th _____
Week#9 Aug 17th - 21st _____
Week #10 Aug 24th - 28th _____

By signing, I understand that Assistants are to arrive at the Churchville Nature Center by 9:00 AM each day to help set up and will leave at 3:30PM 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, 2020. 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 13th at 11:00 AM – 1:00 PM.

PLEASE RETURN YOUR COMPLETED APPLICATION BY MAY 14, 2020 TO:

Attn: Mary Penney

Churchville Nature Center

501 Churchville Lane

Churchville, PA 18966

Or email: v-mmpenney@buckscounty.org

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

Child's Full Name _____ Nickname (if any) _____

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 _____