

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 31, 2022.

SUMMER ASSISTANT APPLICANT AVAILABILITY:

All camps run from 9:00 AM – 3:00 PM or until cleanup is complete. You must sign up for full days 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 Summer Assistant. We will provide email confirmation once we receive your completed application.

_____ **Week #1** June 20 – 24

_____ **Week #2** June 27 – July 1

_____ **Week #3** July 5 – 8 (4-day camp due to holiday)

_____ **Week #4** July 11 – 15

_____ **Week #5** July 18 – 22

_____ **Week #6** July 25 – 29

_____ **Week #7** Aug 1 – 5

_____ **Week #8** Aug 8 – 12

_____ **Week #9** Aug 15 – 19

_____ **Week #10** Aug 22 – 26

By signing, I understand that Assistants are to arrive at the Churchville Nature Center by 9:00 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. 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 your child is accepted into program, we will supply you with the links to the clearances.

COVID-19 Vaccination Policy

In accordance with policies set by Bucks County, all counselors are required to be fully vaccinated against COVID-19. Proof of vaccination must be shown upon acceptance into the program.

APPLICANTS WILL BE NOTIFIED OF THEIR ACCEPTANCE INTO THE PROGRAM NO LATER THAN JUNE 3rd, 2022. 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 11th from 11:00 AM to 1:00 PM.

PLEASE RETURN YOUR COMPLETED APPLICATION BY May 31st 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**

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 _____