



Email or Mail Completed Form, Cover Letter and Letter of Recommendation to:
Mindy Murdock
Zion Nature Center
690 Beech Street
Zionsville, IN 46077
naturecenter@zionsville-in.gov
317-873-8950

Summer Junior Counselor Application

Please Print Clearly, to be considered for this year's program applications must be received by May 1, 2020. Applicants return this completed application along with a cover letter explaining their interest, and a letter of recommendation from someone other than a family member. Applicants will be contacted for an in-person interview after applying.

Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Home #: (____) _____ Cell #: (____) _____

Email: _____

What grade will you be entering next fall?

- 9th 10th 11th 12th College

Which camp sessions are you available and wish to be considered for? Camp descriptions can be found at www.zionsville-in.gov/summercamps

- | | |
|---|---|
| <input type="checkbox"/> Wet and Wild Camp (June 2) | <input type="checkbox"/> Nature & Art Camp (July 9) |
| <input type="checkbox"/> Junior Ornithologist Camp (June 4) | <input type="checkbox"/> Backyard Explorers Camp (July 13 – 16) |
| <input type="checkbox"/> Backyard Explorers Camp (June 15 - 18) | <input type="checkbox"/> Biologist Boot Camp (July 20 - 24) |
| <input type="checkbox"/> Nature Navigators Camp (June 22 – 26) | <input type="checkbox"/> My Grandperson and ME! Camp (July 28) |
| <input type="checkbox"/> Wild for Minecraft Camp (July 7) | <input type="checkbox"/> Fantastic Beasts Camp (July 30) |

Prior Camp Experience & Training (Please check any that apply to you)

- I attended Zion Nature Center Sumer Camp as a camper Yes No; How many years? _____
- I worked as a camp counselor at a different camp Yes No; How many years? _____
- I have some experience working with children through baby-sitting etc. Yes No; How many years? _____
- Have you had any CPR/First Aid Courses? Yes No
- Can you attend a mandatory camp training on May 13, 6:00-8:00 pm? Yes No

Do you have any special skills, talents, interests or hobbies? (Especially if it enhances a camper's experience):

As a Junior Counselor you will not only be gaining experience, you will be learning. What do you hope to gain through participation in this program?

Emergency Information

Emergency Contact: _____
(If minor list parent/legal guardian)

Address: _____ Cell #: _____
(If different from volunteer)

Relationship: _____ Home#: _____

Special activity restrictions? Yes No; if yes, please describe challenges (medical, behavioral, emotional, and learning) that might prevent you from performing tasks.

Allergies? (Select all that apply)

None Food Medicine Environment (insect stings, hay fever, etc.) Other

List all specific known allergies. Describe reaction and management of the reaction.

Photo Release

I hereby grant Zionsville Parks and Recreation Department to use, reproduce, and publish photographs and/or video that may pertain to my child — including image, likeness and/or voice without compensation. I understand that this material may be used in various publications, exhibits or for other related endeavors. This material may also appear on Town of Zionsville Internet Web Page and/or digital social media services. By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.

Waiver of Liability

I assume all risks and hazards arising out of or related to any programs and activities (unless otherwise specified) that I choose to undertake with the Zionsville Parks and Recreation. I further acknowledge that the programs take place outdoors (in whole or in part) and involve associated risks and hazards. I agree that none of the Zionsville Parks and Recreation, its employees, or its appointed assistants shall have any liability to me with respect to any risks or hazards arising out of or relating to any programs or volunteer activities that I choose to undertake.

I hereby give permission to Zionsville Parks and Recreation staff to seek emergency medical treatment if needed. I understand and agree that every effort will be made to notify my emergency contact. In the event that they cannot be reached, I hereby give permission to the physician and/or hospital to secure and administer proper treatment for myself.

Signature

Date

If applicant is a minor: As a parent/ legal guardian, I give permission for this under-aged individual to volunteer with the Zionsville Parks and Recreation and comply with the above Waiver of Liability.

Signature

Date