

# Nature Camp Counselor Volunteer Application 2019

Tauxemont Cooperative Preschool

7719 Fort Hunt Road

Alexandria, Virginia 22308

Date \_\_\_\_\_

Counselor's Name \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Home Phone \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**(The above e-mail address should be checked daily and will be used as our main way of communicating)**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Counselor's Birth Date \_\_\_\_\_ Age \_\_\_\_\_ (as of June 2019)

School you attend \_\_\_\_\_

## Please check your session preferences:

Morning Camp Volunteer Hours 8:30 am – 12:15 pm

Afternoon Camp volunteer Hours 12:45 – 4:00 pm

- Session 1 "In The Sky" June 10 – 14
- Session 2 "At The Beach" June 17 - 21
- Session 3 "In Our Backyard" June 24 - 28
- Session 4 "On A Mountain" July 1 - 5
- Session 5 "On The Farm" July 8 – 12

- Session 2 "At The Beach" June 17 - 21
- Session 3 "On The Farm" June 24 – 28

If under 18 years of age

Mother/Father/Guardian \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone: \_\_\_\_\_

**References:** Please provide the names of two non-relative references, and their phone numbers:

1. \_\_\_\_\_ Relationship (teacher, etc.) \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship (teacher, etc.) \_\_\_\_\_ Phone \_\_\_\_\_

Have you volunteered at Nature Camp in the past? \_\_\_\_\_ If yes, When? \_\_\_\_\_

Please list other current and past volunteer work.

Why do you want to be a counselor? \_\_\_\_\_

Special requests: \_\_\_\_\_

Please return completed application along with your health form to Tauxemont Cooperative Preschool at the above address, attention: Nature Camp or bring them to the school.