

Nature Camp Counselor Volunteer Application 2026

Please print clearly

Date _____

Counselor's Name _____

Female _____ Male _____ Phone _____

E-mail Address _____

(Please check e-mail daily. This is our main way of communicating)

Address _____

City _____ State _____ Zip Code _____

Counselor's Birth Date _____ Age _____ (as of June 2026)

Counselors 14 and older will need a Central Registry Background check

School you attend _____

If under 18 years of age

Mother/Father/Guardian _____

E-Mail Address _____ Phone: _____

Please check your session preferences:

Morning Camp

___ AM Session 1	June 8 – 12	"On The Farm"
___ AM Session 2	June 15 – 19	"In The Sky"
___ AM Session 3	June 22 – 26	"At The Beach"
___ AM Session 4	Jun 29 -July 3	"In Our Backyard"



Afternoon Camp

___ PM Session 2	June 15 – 19	"In The Sky"
___ PM Session 3	June 22 - 26	"At The Beach"

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

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

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

Please list current and past volunteer work. _____

Please write why you want to be a counselor on the back of this form

Please return completed Application and Health form to **Tauxemont Cooperative Preschool**, 7719 Fort Hunt Road, Alexandria, VA 22308, attention: Nature Camp or place it in the green box located in the school parking lot.

Nature Camp Counselor Health History 2026

PLEASE COMPLETE IN DETAIL (by Parent/Guardian if counselor is under 18 years of age).

Emergency contact:

Name/Relationship _____ Phone: _____

Name/Relationship _____ Phone: _____

Health History

Please list all allergies including Drug/Food/Animal/Plant. Use additional sheet to describe symptoms of allergies and details of illnesses or health restrictions, if applicable (or N/A if not applicable)

Date of Tetanus shot _____

Are other immunizations up to date? ___ Yes ___ No If no, please state reason

Weight (used to determine medicinal dosages) _____

Medicines being taken: _____

Special needs: ___ Dietary ___ Physical ___ Emotional ___ Learning

___ ADD/ADHD ___ Sensory ___ Other

Please provide comments where applicable. _____

List participation restrictions _____

Family Physician _____ Phone _____

Health Insurance Company _____ Policy # _____

The health history above is correct as far as I know, and the person herein described has my permission to participate in all prescribed camp activities except as noted.

Signature: _____ Date _____

Medical Authorization and Release: Should the above counselor sustain or incur any accident or illness while volunteering at programs sponsored by Nature Camp at Tauxemont Cooperative Preschool, and attempts to contact the emergency contacts above fail, I hereby authorize a Nature Camp at Tauxemont Cooperative Preschool director to execute all documents on my behalf including necessary releases, which might be required by a medical facility to perform emergency care. Initial: _____

Photo Release: Nature Camp at Tauxemont Cooperative Preschool may use photographs and/or videotapes for public relations. Initial: _____

Signature: _____ Date _____