

## Nature Camp Counselor Volunteer Application 2025

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 2025)

**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 9 -13 "In The Sky"  
\_\_\_ AM Session 2 June 16 - 20 "At The Beach"  
\_\_\_ AM Session 3 June 23 - 27 "In Our Backyard"  
\_\_\_ AM Session 4 June 30 - July 4 "On A Mountain"  
\_\_\_ AM Session 5 July 7 - 11 "On The Farm"



#### Afternoon Camp

- \_\_\_ PM Session 2 June 16 - 20 "At The Beach"  
\_\_\_ PM Session 3 June 23 - 27 "In Our Backyard"

**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 red box located in the school parking lot.

## Nature Camp Counselor Health History 2025

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 \_\_\_\_\_