2018 Summer Science Daycamp Administered by the Community Science Network

Camp Counselor Application

Volunteer's Name:		
Volunteer's Date of Birth:	Volunteer's Grade Level in Fall 2018	
Parent/Guardian Name(s):		
	State: Zip:	
Volunteer's Email Address:		
Parent's Email Address:		
	Cell Phone	
	Cell Phone	
Which session can you attend? (Volunteers need to be able to be at the camp from 8:30 am to 3:30 pm each		
day.) Check one or both: June 18-22 (Russellvill	e High School)	
T-shirt: ☐ Adult Small ☐ Adult Medium ☐ .	Adult Large □ Adult X-Large □ Adult XX-Large	
Please write a 500 words or less essay about why y	you would like to volunteer as a science camp counselor	

Signed (parent or guardian):	*Date:
I hereby authorize Community Science Network to p videotapes of him/her, and /or make electronic sour photographic or electronic reproductions). I authorize the use of any such photographic or elec- promotional purposes as may be deemed appropria	tronic reproductions of my child for educational and
Signed (parent or guardian):	*Date:
Please send completed form to:	

My child is in good physical condition at present. I hereby give consent to any emergency medical treatment

necessary for my child resulting from an accident or illness. I accept responsibility and understand my

insurance will be billed for necessary charges.

Community Science Network

Russellville, AR 72811

PO Box 661

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Camp Counselor Letter of Reference

Applicant Name:	
Teacher/Counselor Name:	
School Name:	
Email Address:	
How do you know this applicant?	
How long have you known this applicant?	
Has the applicant proven to be dependable with regard to	schedules?
Has the applicant proven to be good at following instruction	ons?
Please explain why you feel this applicant would make a g	ood volunteer as a Summer Science Daycamp
Counselor.	
Signature:	Date:

Email information to csnsciencecamp@hotmail.com or mail completed form to Community Science Network, PO Box 661, Russellville, AR 72811.