

# 2019 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 **2019** \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Volunteer's Email Address: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

School attended: \_\_\_\_\_

Volunteer Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent Home 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 17-21 (Russellville High School)  July 8-12 (Russellville 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 you would like to volunteer as a science camp counselor.

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.

Signed (parent or guardian): \_\_\_\_\_ \*Date: \_\_\_\_\_

I hereby authorize Community Science Network to photograph my child, take motion pictures of him/her, take videotapes of him/her, and /or make electronic sound recordings of him/her (herein referred to as photographic or electronic reproductions).

I authorize the use of any such photographic or electronic reproductions of my child for educational and promotional purposes as may be deemed appropriate by the Community Science Network.

Signed (parent or guardian): \_\_\_\_\_ \*Date: \_\_\_\_\_

Please send completed form to:  
Community Science Network  
PO Box 661  
Russellville, AR 72811