



Returning Counselor In Training 2020

Personal Information

Name: _____

First

Last

Address: _____

Number

Street

City

State

Zip

Phone:(_____)_____-_____ Current Grade:_____ Birth date:___/___/_____ Age:_____

*Email:_____

Parent/Guardian Contact information

Name (s): _____ *Email:_____

Phone number: (_____)_____-_____ Type of phone: cell, work, home

Availability

You are required to volunteer for three weeks (half days only). To ensure we can schedule you the three week minimum please list **all** of the weeks and times that you will be available.

Please circle if you are available for the **AM session** (8:30-1:00) and/or **PM session** (12:00-4:30)

____ June 15-19 (AM/PM) ____ July 6-10 (AM/PM) ____ July 27-31 (AM/PM)

____ June 22-26 (AM/PM) ____ July 13-17 (AM/PM) ____ August 3-7 (AM/PM)

____ Ju 29-Jul 3 (AM/PM) ____ July 20-24 (AM/PM) ____ August 10-14 (AM/PM)

Hartley Halfpint camps (3 year old camps) only meet Wednesday-Friday.

Preferred ages: ___3 year olds ___4-5 year olds ___6-7 year olds ___8-9 year olds ___10-12 year olds

Are there any ages you would prefer NOT to work with? _____

Are you interested in assisting with a mountain bike camp? This would require you to bring a mountain bike and helmet for the week and feel confident in mountain biking skills. **Yes/ I want to learn more/ No** (circle)

Please list the top two camps you would be interested in helping with. You are **NOT** guaranteed these camps.

What is your t-shirt size (adult)? XS S M L XL

Signature

Date

Please return this application to:

Jenni Stafford-Faris
Hartley Nature Center
edassistant@hartleynature.org 218-724-6735