



Summer Camp 2011 Counselor-In-Training Application

NAME _____ Current Grade _____

HAVE YOU EVER BEEN A CIT or Counselor? YES NO

IF SO, WHERE AND WHEN? _____

ARE YOU CPR CERTIFIED?) YES NO

(CPR and First Aid certification is required by June 21)

HAVE YOU ATTENDED AUDUBON CAMPS PREVIOUSLY? YES NO

Please answer the following:

What inspired you to want to become a Counselor for Audubon Society of Portland?

What experience do you have with children (please state specific ages)?

What is your experience with the outdoors?

As a counselor, what activities/games would you like to lead and teach?

What are your hobbies and interests?

What are your goals for your summer as a camp counselor with Audubon?

- ◆ Send completed registration form to:

Audubon Society of Portland
Summer Camp
5151 NW Cornell Rd. Portland, OR. 97210.
or fax to (503) 292-1021

- ◆ Cancellation policy: You must cancel your registration 21 days prior to the beginning of training to receive a refund (-\$50 processing fee)

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Child's Name _____ Grade ____ Gender ____ Date of Birth _____
Your Name _____ Home Phone _____ Work Phone _____
Address _____ City _____ Zip _____
Parent's email _____ CIT's email _____

Class Name: **Counselor-in-Training Program** Fee: _____
First Year: \$175 mem/\$195 non, Second Year: \$100 mem/\$120 non, Third Year: Free
Scholarships may be available. Call 971-222-6120 for information.

Please make checks payable to: Audubon Society of Portland (Checks preferred)
Credit Card Number _____ Exp. Date _____
(a 3% charge is added to credit card payments)

Health Form

Are there any **health concerns** we should consider when planning your child's class?
(Casts, Asthma, Allergies, etc...) List medications, when taken, and purpose: Attach separate page if necessary.

Describe any **behavior concerns** that should be considered for group learning (ADD, Hyperactive, etc.)

Emergency Numbers (if parents can't be reached):

Name: _____ Phone: _____

I give my permission for Audubon Society of Portland staff to provide first aid for the child named above and to take the appropriate measures including contacting the Emergency Medical System and arranging for transportation to Good Samaritan Hospital or the nearest medical facility. I agree to indemnify and hold Audubon Society of Portland, its officers and employees, harmless from claims of losses for any bodily injury or property damage which occurs or is alleged to have occurred as a result of negligence of participant.

Parent/Guardian Signature _____ Date _____
Health Insurance Company _____ Policy # _____

Photo Release

The Audubon Society of Portland has my expressed permission to use photographs of my child in their publications.
Parent/Guardian Signature _____ Date _____