

This application is due back to the Environmental Studies Center by March 6, 2020

Martin County Schools'
Environmental Studies Center
Counselor-in-Training Application 2020

Note: Student must be entering 9th grade or higher to be considered.

PLEASE PRINT

Name _____ Grade Next Year _____ School Last Attended _____

Age _____ DOB _____ Male _____ Female _____ Home Phone _____

Mother's Name _____ Work Phone _____ Cell _____

Father's Name _____ Work Phone _____ Cell _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

IN THE EVENT OF AN EMERGENCY WHEN A PARENT OR GUARDIAN CANNOT BE REACHED, CONTACT THE PERSON(S) BELOW:

Name _____ Address _____

Primary # _____ Work # _____

The Automated Outbound Calling System is a phone system that will notify you of ESC news and upcoming events using the primary contact number that you designate below and it will contact you in an emergency by calling both of the numbers you list.

Primary contact # _____ Emergency contact # _____

PAST EXPERIENCE

Have you ever been an Environmental Studies Center camper? Yes _____ No _____ If Yes, What Year(s)? _____

Which Camp(s)? Summer Day Camp _____ Camp W.E.T. _____

Have you been a C.I.T. previously? Yes _____ No _____ If Yes, What Year(s)? _____

Can you swim? Yes _____ No _____ Shirt Size _____

Have you had any experience working with younger children? Please describe:

Please list any volunteer activities you've participated in:

Please use this space to tell why you are a good candidate for this position:

Teacher recommendation form coming from Mr./Ms. _____

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EMERGENCY INFORMATION

The undersigned Parent/Guardian of the above named Student:

1. ___ I consent to the student participating in this Martin County Schools' Environmental Studies Center Summer Camp Program.
2. ___ I understand and acknowledge that even with reasonable care and supervision on the part of all parties, injuries may result from the normal participation in the activities of this camp program and I understand and acknowledge that my child is assuming those risks by participating in this activity.
3. ___ I waive any and all claims, actions, and demands against the Martin County School Board, and its respective agents and employees, for any damage, injury, loss, liability, or expense whatsoever sustained by the Student as a result of the Student participating in the activities of this camp program or travel incidental to such camp program.
4. ___ I authorize the School Board to transport the Student and to obtain through a physician of the School Board's choice, any emergency medical care that may become reasonably necessary for the student in the course of the activities of the camp program or travel incidental to such camp program, and agrees that the expenses for such transportation and treatment shall not be borne by the School Board or its employees.
5. ___ I acknowledge and represent that the Student is in good health and physically able to participate in the activities of the camp program and has had no past illness or injury that would prevent the Student from participating in such activities, and further acknowledge and represent that the following special accommodations are the only ones needed: _____
6. I do ___ OR do not ___ carry hospitalization and medical insurance.
7. Safety is a priority for all of our participants. Please list below if your child has food allergies, anxiety, diabetes, epilepsy or other health concerns that we need to be aware of. _____

*****Please submit a photo/video release with your application.**

STUDENT SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____