

Camp Explorations Junior Counselor Application 2024

Application Deadline: May 22, 2024

Personal Information

Name _____ Preferred Pronouns _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Email _____

Current grade _____ Age _____ Birthdate _____

T-shirt size (adult): S M L XL XXL

Education

	Name/location of school	Favorite Subjects
Middle School		
High School		

Experience/Interests

Please describe your experience and/or interest below.

Working with children: _____

Teaching: _____

Science/Natural Science (Dinosaurs, Animals, Chemistry, Archaeology, etc): _____

Did you attend Camp Explorations as a camper? Yes No

If yes, what year(s)? _____

Have you been a Junior Counselor at Camp Explorations before? Yes No

If yes, what year(s)? _____



Applicants must be available for the entirety of one full session (either morning, afternoon or both) to apply and attend one orientation session.

Availability

Please select the weeks, times and orientation you would be available this summer. Please note that you might not be selected for all choices that are selected. Weeks will be confirmed in late May/early June.

Weeks available Summer 2024:

- Week 1: June 17-21
- Week 2: June 24-28
- Week 3: July 1-3 * (no camp on July 4 or 5)
- Week 4: July 8-July 12
- Week 5: July 15-19
- Week 6: July 22-26
- Week 7: July 29-Aug 2
- Week 8: Aug 5-9
- Week 9: Aug 12-16

Times available during Summer 2024:

- Morning Session (8:00am-12:15pm)
- Afternoon Session (12:45-4:15pm)
- All Day (8:00am-4:15pm)

Orientation session: *(select one to attend)*

- Thursday, May 30 4:00-5:30pm
- Sunday, June 2 2:00-3:30pm

I certify that the information contained in this application is true and complete to the best of my knowledge and understand that, if accepted as a University of Michigan Museum of Natural History Camp Explorations volunteer, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein. I understand and agree that, if accepted, my volunteer position may be terminated at any time without any prior notice.

Signature

Date



MEDIA, PHOTO & VIDEO RELEASE

_____ **Yes.** I understand that during the course of my child’s participation in the U-M Museum of Natural History Summer Camp Program, that the Program, and those acting with the Program’s permission or authority, may capture my child’s name, likeness, image, or voice in photographic, audio, video, digital or other recording forms (“Recordings”). I give my permission for the Program to use those recordings or works produced by my child for promotional, commercial, informational, and educational purposes in any and all media (including the Internet) now existing or hereafter devised, for any purpose consistent with the Program’s mission. I understand that I will not have an opportunity to review or approve uses of the Recordings or Works.

I recognize that the U-M Museum of Natural History, through the Board of Regents of the University of Michigan (“University”), holds the copyright in all Recordings. I understand that neither my child nor I will receive payment or any other compensation for taking or use of any Recordings of Works created as a result of my child’s participation in the Camp.

I release, indemnify and hold harmless the University from and against all liability, actions, debts, claims and demands of every kind whatsoever to the taking or use of the Recordings or Works of my child.

_____ **No.** I do not grant permission to the University of Michigan Museum of Natural History Summer Camp Program to take or use my child’s name, likeness, image, or voice in any form or to use work produced by child for any reason unless necessary for the administration of the Program while my child is participating in the Program.

IN CASE OF EMERGENCY, CONTACT:

Name _____ Relationship _____

Cell Phone _____ Work Phone _____

Are there any medical, physical or other conditions that camp staff needs to be aware of?

I give my child permission to volunteer at the University of Michigan Museum of Natural History Camp Explorations Summer Program. My child and I know the risks involved and voluntarily assume these risks. I also certify that my child is in good health and has no physical limitations that would preclude my child’s safe assistance in Camp Explorations Summer Program. I agree that neither the University of Michigan, nor its agents and employees are liable for any expense, property damage, or personal injuries sustained while participating in Camp Explorations Summer Program.

Parent Name

Date

Parent Signature

