

Nearby Nature Summer 2021

Outdoor Leader Volunteer Job Application



Name: _____ Birthdate: _____

School: _____ Grade (2021-22): _____

Phone number: _____ Email: _____

Please complete this application and email to programs@nearbynature.org as a PDF, Google/Word Doc, or send it to: PO Box 3678, Eugene 97403. Include the words "Attn: Outdoor Leader Program" on the envelope or in the email subject line. Legible handwriting or typed are preferred methods.

Be sure to have your parent or guardian fill out and sign the second page of this application. This signature is required for you to participate in Nearby Nature's Outdoor Leader Program.

1. Have you ever participated in Nearby Nature or similar classes or camps before? If yes, describe.
2. Briefly describe a favorite memory of a nature experience.
3. Why do you want to be an Outdoor Leader? (If you need more space, please use an additional sheet of paper.)
4. Describe your experience with younger kids. Do you have younger sisters or brothers? Do you baby-sit? What do you like about working and playing with younger kids?
5. If you are chosen to be an Outdoor Leader, which age groups are you most interested in helping with (3-4, 4-5, 6-8, and/or 8-11)?
6. Are you able to commit to helping with four camps? What specific weeks will you be available to volunteer this summer? Are there any weeks you are NOT available?
7. Are you available June 12th for six hours of training (10 am-4pm)?

Nearby Nature, P.O. Box 3678, Eugene, OR 97403, 541-687-9699, nearbynature.org

Be sure to have your parent or guardian fill out and sign this part of the form. A parent/guardian's signature is required for each participant in Nearby Nature's Outdoor Leader Program.

Name of Parent(s)/Guardian(s) (First and Last): _____

Mailing Address: _____

City, State, Zip Code: _____

Email: _____ Home Phone: _____

Parent's Daytime Phone (if different from home phone): _____

Applicant's Medical Information:

Doctor's Name: _____ Clinic Name: _____

Phone #: _____

1. Please list and describe any allergies, medical conditions, or special needs of your child. Note any known allergies to nuts, bee or wasp stings.

2. In case of an emergency please list names and phone numbers of persons authorized to pick up your child other than parents/guardians.

3. In the space provided below or on additional paper, please add any other information that we should know about your child.

Publicity: Check here only if you do NOT give permission for photographs and/or video of your child to be to be used for publicity purposes.

Release from liability agreement:

In consideration of the right to participate in this activity, I release any and all claims for damages and losses suffered by me or my minor child as a result of said participation against Nearby Nature and any officers or agents thereof. I further understand that there are certain risks inherent in this activity. I hereby agree to assume those risks on behalf of my minor child and to hold harmless Nearby Nature and its agents. I have read and understand the above.

Signature of Parent/Guardian: _____ Date _____

Typing your name in this signature box indicates that you agree to the terms above.