



1600 Riverside Road  
Jamestown, NY 14701

auduboncnc.org  
(716) 569-2345

## Summer Day Camp 2025 Counselor-In-Training and Junior Counselor Application

Thank you for your interest in applying for this position. ACNC strongly encourages the student to fill out this application and not the parent. Any questions can be sent to the Camp Director, Katie Finch, at [kfinch@auduboncnc.org](mailto:kfinch@auduboncnc.org). Use another sheet of paper if necessary to answer questions.

Counselors-in-Training are teens (13 – 15 years old) seeking to gain experience working with children. Duties include set-up, clean-up, prepping materials for crafts and activities, walking children to the restroom with a buddy, taking children to the ‘nurse,’ walking behind the group, and counting campers. CITs spend much time observing the counselor to learn how to best work with groups of children.

Junior Counselors are older teens (16+ years old) who have previous child care experience, but who are looking for more in-depth roles working with children. JCs supervise children during quiet activities, assist with planning, set-up, and clean-up, prepping materials for crafts and activities, walking children to the restroom with a buddy, taking children to the ‘nurse,’ walking behind the group, and counting campers. JCs may be alone with two to five children.

What position are you applying for?  Junior Counselor (JC)  Counselor-in-Training (CIT)  
*JCs are 16+* *CITs are 13 – 15*

Why do you want to serve as a JC or CIT?

\_\_\_\_\_

If you have served before, describe the most rewarding part of assisting at camp.

\_\_\_\_\_

How many years did you attend Day Camp as a camper? \_\_\_\_\_

How many years have you served as a CIT/JC? \_\_\_\_\_

Describe any other volunteer work or experience you have working with children.

\_\_\_\_\_

Your Name: \_\_\_\_\_

Email/text #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on July 1: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Parents’/Guardians’ Names: \_\_\_\_\_

Are they Nature Center members? \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_

Are you available to attend a mandatory training (for all CITs and new JCs that week), usually the Monday prior to your selected camp week from 1:00 – 4:00 p.m.?  Yes  No

List the sessions you would like to work in order of preference. No CITs or JCs are accepted for the Intro to Backpacking or Teen Treks. CITs may assist with camps up to grade 4. JCs may assist with any age group. See 2025 Day Camp brochure online for descriptions of each camp. You are not guaranteed your first choice. ACNC uses this application to best place all applicants. You and your parent/guardian will be notified via email as soon as possible with the session(s) for which you were selected.

List **title** of session and **dates**.

First choice: \_\_\_\_\_

Second choice: \_\_\_\_\_

Third choice: \_\_\_\_\_

Other weeks you wish to  
volunteer: \_\_\_\_\_

Are there any dates you are not available? \_\_\_\_\_

CIT and JC applicants are considered on a merit basis, with Day Camp experience, previous experience working with children, volunteer history, and date of application taken into consideration. Feel free to include letters of reference if you have them. There are no exceptions to the age ranges. If you have questions or concerns, contact Katie Finch.

### **Fees**

CITs fees are paid by Bob and Kathy Frucella. The reason for the fee is that CITs count as campers, not assistants under NYS law, therefore taking a slot in the camp. JCs assist free of charge. The Camp Director will review the application and send an email to you and your parent/guardian with the camp session you are assisting with.

Please include a completed **Health Form** (attached with this form) with your application. If the child signed up for a camp and you filled a health form out online this year, you need not do it again. You may also email the filled-out forms or a scan/photo of it to the Camp Director.

Mail completed forms to: Audubon Community Nature Center,  
1600 Riverside Road, Jamestown, NY 14701.

Or email to [kfinch@auduboncnc.org](mailto:kfinch@auduboncnc.org)



# Summer Day Camp 2025 Health Form

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of Legal Parent/Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State/Zip

**Emergency Contacts:** ACNC will contact legal parent/guardian first unless notified otherwise. Please list two more emergency contacts and note by circling the name if you would like ACNC to contact one of them FIRST rather than legal parent/guardian (i.e. grandma that they are staying with while at camp):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Check all items that apply. Explain any "yes" you check.

**Allergies:** (Food, medicine, insect bites, plants, latex, hyper-sensitivities, etc.)

Does the child have any known allergies?  No  Yes Explain: \_\_\_\_\_

In case of allergic reaction (check all that apply):  None  Benadryl (oral/topical)  Epi-pen for \_\_\_\_\_ (send with child)  
Which allergy?

**General information:** Does your child have any condition of which we should be aware or which may limit his/her full participation? (asthma, ADHD, limited mobility, severe shyness, etc.). Please list with possible remedies/recommended care.

Details: \_\_\_\_\_  
\_\_\_\_\_

List any medications to be taken while at camp and dosage: \_\_\_\_\_

**Over-the-counter medications and treatments:**

Naturalists may use the following medications and treatments for your child at camp. Please cross out any you wish them to avoid.

- Cuts, scrapes and abrasions – soap and water, Neosporin, band-aids, Iodine
- Stings and nettle – jewelweed (a native plant), Topical Benadryl, ice, Sting-eze pads (alcohol based)
- Prevention – insect repellent (DEET and natural based), sunscreen
- Poison Ivy – dish soap and water, jewelweed (a native plant), alcohol pads

- I agree that the above treatments are acceptable.
- I DO NOT agree. Please do not use the crossed-out treatments

The NYS Department of Health strongly encourages the use of 25% DEET-based insect repellents. These are proven most effective to repel mosquito species that carry the West Nile and EEE viruses.

**Photograph/video Release:**

← Please check if you give permission to Audubon Community Nature Center to use photographs or videos taken of your child during camp for future promotional materials. ACNC does not include child's names in any photos.

**Writing/art Release**

← Please check if you give permission to Audubon Community Nature Center to use samples of his/her writing or artwork in future promotional materials for the Center's programs.

**Permission:** I understand that every effort will be made to contact the adults listed above in the case of an emergency. In the event no one can be reached, I hereby give permission to the adult leader in charge to secure proper treatment, including hospitalization, for my child.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent/Guardian or Adult