

# 2016/17 Nature Camp Internship Application

Please answer questions completely

DATE OF APPLICATION: \_\_\_\_\_

## Applicant Information

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ WHAT YOUR FRIENDS CALL YOU: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE# (\_\_\_\_) \_\_\_\_\_ CELL# (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*NUMBER STREET CITY STATE ZIP CODE*

HIGH SCHOOL: \_\_\_\_\_ CURRENT GRADE LEVEL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: M  F

DO YOU HOLD A CURRENT CPR/FIRST AID CERTIFICATE?  YES  NO

ARE YOU WILLING TO TAKE CPR TRAINING?  YES  NO \* CPR and First AID training is required

HOW DID YOU HEAR ABOUT THIS PROGRAM? (Please check all that apply.)

Friend  Recruiter/HCNH Staff  Teacher/Advisor  Name? \_\_\_\_\_ Other: \_\_\_\_\_

HAVE YOU EVER ATTENDED/VOLUNTEERED AT A HIGHLANDS CENTER PROGRAM BEFORE?  NO  YES

If yes please list which ones: \_\_\_\_\_

DO YOU HAVE ANY PRIOR OBLIGATIONS THAT MAY CONFLICT WITH YOUR ABLITY TO VOLUNTEER AFTER SCHOOL AND/OR ON WEEKENDS AND BREAKS? If yes please describe and/or list specific dates. \_\_\_\_\_

## Parent Information

PARENT GUARDIAN: \_\_\_\_\_  
*NAME RELATIONSHIP TO APPLICANT*

EMAIL: \_\_\_\_\_ PHONE# (\_\_\_\_) \_\_\_\_\_ CELL# (\_\_\_\_) \_\_\_\_\_

SECONDARY CONTACT: \_\_\_\_\_  
*NAME PHONE #*

I \_\_\_\_\_ THE PARENT/GAURDIAN OF \_\_\_\_\_ AM AWARE OF THE REQUIREMNTS OF THIS PROGRAM AND WILL BE AVAIALBLE FOR SUPPORT THROUGH THE ATTENDANCE OF A PARENT/INTERN ORIENTATION (DATE TBA) AND THROUGH TRANSPORTATION OF THE INTERN AS NEEDED.

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*DATE*

# ESSAY QUESTIONS: TELL US ABOUT YOURSELF!

Please print legibly in pen or type your responses on a separate sheet. (Attach additional pages if needed.)

1. Describe yourself. What are your interests, how do you spend your free time, what are some of your goals, and/or challenges?

2. Why do you want to be involved in the Highlands Center's Naturalist Internship Program?

3. Describe your interest in or experience with the environment and/or the outdoors (camping, hiking, etc.).

4. What areas of Natural History are you interested in learning more about through this program? (check any that apply):

- birds       mammals       climate/weather       habitats/ecosystems       plants  
 insects       sketching/journaling       reptiles/amphibians       astronomy       geology       other \_\_\_\_\_

5. You would be working with various ages of youth during this program. Are there any age groups you feel uncomfortable working with? If yes please explain.

6. Please list any volunteer history (include organization, dates, and a brief description of the activity).

7. Is there anything else we should know about you when considering your application?

## PERSONAL INFORMATION

Choose one that best describes your physical abilities:

- HIKE 0-2 MILES       HIKE 2-4 MILES  
 HIKE 4-6 MILES (OR MORE)  
 DESCRIBE ANY PHYSICAL LIMITATIONS YOU MAY HAVE: \_\_\_\_\_

References: please supply the names and phone numbers of three (3) references:

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1) NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
EMAIL: \_\_\_\_\_ ASSOCIATION TO APPLICANT: \_\_\_\_\_

2) NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
EMAIL: \_\_\_\_\_ ASSOCIATION TO APPLICANT: \_\_\_\_\_

3) NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
EMAIL: \_\_\_\_\_ ASSOCIATION TO APPLICANT: \_\_\_\_\_

*PLEASE RETURN THIS APPLICATION TO:*

*EDUCATION DEPARTMENT, HIGHLANDS CENTER FOR NATURAL HISTORY, 1375 S. WALKER ROAD, PRESCOTT, AZ 86303  
PHONE (928) 776-9550 FAX (928) 776-9530 EMAIL [fguerrero@highlandscenter.org](mailto:fguerrero@highlandscenter.org)*