



SUMMER CAMP INTERNSHIP PROGRAM

Summer Camp 2010 Application

Dear Summer Camp Internship Applicant,

Thank you so much for your interest in becoming a Summer Camp Intern over the summer. This opportunity is open to teens ages 15 or older. As a Summer Camp Intern, you will help by assisting teachers with camps, helping children with crafts and activities, supervising lunches, assisting with animal enrichments, and visiting the zoo for Zoo hikes, keeper talks, participating in youth leadership workshops and much more! Your time spent with assisting our camp teachers will be very fun, as well as educational. You are asked to volunteer a minimum of three weeks over the summer, Monday – Friday from 8:45am to 4:00pm.

Summer Camp Intern Responsibilities include:

- **Assist assigned classroom teacher:** Running errands, helping with activities, lunch time monitor, bathroom escort, and other duties as assigned. You are the instructor's "right hand," and are an important part of making your camp a success!
- **As an Intern:** Please stay with your class and teacher. Always keep the teacher informed of any information regarding camp children, or animals.
- **Professional Behavior:** Your role as intern places you in an important position in dealing with campers. As with our instructors, we expect high standards of respectful behavior, a minimum of socializing with other interns, and no reading, homework, etc., while on duty.

Enclosed you will find a brief summary of the Summer Camp Internship program as well as everything you will need for your application packet. You will need to *fill the application out fully*, which will include the completed attached information:

Signed General Information and Responsibility Form

AND

Completed 2010 Department of Youth Development Programs Application

AND

Completed Parent/Guardian Waiver

Once the application packet is complete you will need to send it back to the Zoo by mail or by dropping it off at the Lowry Park Zoo ticket booth. Please make sure you mark the envelope: **"Youth Programs: Summer Camp Internship."** **All applications are due on Friday, May 14, 2010, but you are encouraged to turn it in as soon as possible to secure a position.** Once received, we will contact you to confirm your placement. Keep in mind that the selection process begins with this application and ends with your accepting the position. Therefore, it is important to be as professional as possible.

If you have any questions regarding the program or the application process feel free to give me a call at 813-935-8552 ext.479. Thank you for your time and your ability to identify your own potential. We look forward to meeting you this summer!

Sincerely,

M.C. DeGood
Youth Programs Coordinator, Tampa's Lowry Park Zoo



Summer Camp Internship General Information and Responsibility Form

To properly prepare for your Summer Camps Internship experience, please carefully read the following information.

- **Time of arrival:** Camps start at 9 am. Please arrive 30 minutes prior (at 8:30) on your first day so we may provide you with sign-in information, a summer camp T-shirt, and a teacher & classroom. You will sign in and out each day in the Summer Camp Internship binder. After your first day of camp, arrival time is 8:45. The day ends for campers, instructors, and interns at 4 pm.
- **Dress Code:** Please wear sneakers (no open toed shoes). A lot of time will be spent walking around the zoo, so please wear comfortable clothing. Wear clothes that can become soiled or dirty, this is a very hands-on camp. Please wear Khaki pants or shorts. No skirts, or short shorts. Your summer camp staff shirt should be worn at all times.
- **What to bring:** Please bring lunch and a snack to eat during your day. Lunch will not be provided. You may also want to bring suntan lotion. A water bottle or jug should be brought everyday as well.
- **If you are unable to volunteer a day:** Please carefully choose the weeks you wish to volunteer. Summer Camps serve thousands of campers, so we heavily rely on our interns to fulfill their commitment. Please contact the Public Programs Coordinator, Meghan Mazurski (813) 935 – 8552 ext. 263 to make the zoo aware you will be out that day. Please contact us as soon as you can.
- **Unexcused absence:** If we are not given advance notice of your absence, you will be excused from your position, and become ineligible for further volunteer opportunities at Tampa's Lowry Park Zoo.
- **Directions to the Zoo School:** Camps are held at Lowry Park Zoo's Environmental Education Center, also known as the "Zoo School." The zoo's address is: 1101 W. Sligh Ave, Tampa FL 33604. Once you enter the Zoo's main entrance (located off of Sligh Ave) – turn right into the parking lot, and the Zoo School is the building to the right of the main Zoo. Go through the black gate, and enter the "Resource Center" on the left.

Please indicate your weeks of availability

Minimum of three weeks, preferably consecutive weeks

(Applicants will not be accepted unless they are able to make a three week commitment.)

Please Note: Summer Camps are Monday- Friday from 8:45am-4:00pm

	Week 1: June 14 – 18
	Week 2: June 21 – 25
	Week 3: June 28 – July 2
	Week 4: July 5 - 9
	Week 5: July 12 - 16

	Week 6: July 19 - 23
	Week 7: July 26 – 30
	Week 8: Aug 2 – 6
	Week 9: Aug 9 - 13
	Week 10: Aug 16 - 20

I have read, understand and agree to abide by the Tampa's Lowry Park Zoo Summer Camps Intern General Information and Responsibilities.

Signature

Date

2010 Dept. of Youth Development Participant Application



I am applying for:	
	Zoo Crew Explorers
	ECCO Leadership Program
X	Summer Camp Internship

If you were referred by a past Zoo Youth Program participant, please list his or her name:

Have you been a Zoo Summer Camp Intern before? Yes No

Name:			
Address:			
City:		State:	Zip:
Date of Birth:	Home Phone:	Cell Phone:	
E-mail:		Other Phone:	
Mother's Name:		Work Phone:	
Father's Name:		Work Phone:	
Mother or Father's Email Address:			

For Informational Use Only

Do you have transportation to and from the Zoo, and if so what?			Shirt Size S M L XL 2XL 3XL
Do you know any languages other than English? If so, what languages?			
School currently enrolled:		Current Grade:	Current GPA:
Are you enrolled in a lunch program at school? FREE REDUCED NONE		Race: (Optional)	Current Age:
Please list all extracurricular activities:			

Emergency Contact Information (Other Than Parents)

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Brief Medical History (Information has no bearing on hiring process)

Name of Physician/Clinic:		
Phone:	Address:	
Allergies (food, drugs, insects, etc.)		
Any known medical conditions:		
Have you taken a TB Test?		When?
YES NO		Result:
Medications and reasons for taking:		

I have filled this application out to the best of my knowledge and understand that the application will be considered incomplete until the Information and Availability Form, as well as, Parent Waiver are submitted. I also understand the level of commitment needed from me and agree to adhere to this level.

Parent Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

Tampa's Lowry Park Zoo Youth Programs Parent/Guardian Consent, Medical & Publicity Release Form

I, _____ (printed name), the undersigned parent or guardian of _____ (child's printed name), DOB _____ age _____ understand and agree to all the terms below as pertains to the Tampa's Lowry Park Zoo's (TLPZ) Teen Programs that we are participating in:

1. I agree to allow my child to participate in all TLPZ's Youth Program activities. Participation in said activities is purely voluntary, and if at any time we feel uncomfortable with the activities we may notify the instructor-in-charge that we do not wish to participate and accommodations will be made for us to either observe or not be involved in the activity.
2. I understand that we choose to engage in hands-on tasks as a part of this program.
3. I understand that a TLPZ employee/volunteer will explain any safety rules before participating. I agree that we have a responsibility to ask questions, clarify any rules, regulations or instructions that we do not understand or have any doubt about.
4. I understand that this program may involve riding in an electric-powered cart, train or horse ride wagon as a part of any tour associated with the program.
5. I agree that we have a responsibility to ensure our child's full participation in TLPZ's Youth Programs and will support that by checking on progress and offering any assistance as needed.
6. I understand that transportation to and from Tampa's Lowry Park Zoo is the responsibility of the child and parent/guardian. If lack of transportation plays a factor in my child's participation, I will contact TLPZ's Youth Program administrators and attempt to arrange alternative methods of transportation.
7. I understand that TLPZ staff has the right and responsibility to dismiss any participant for disruptive behavior. No drugs, alcohol, stealing, smoking, or fighting will be allowed. In the event my child violates these rules or any other policies set by TLPZ, I understand I will be called to pick them up immediately, regardless of time.
8. I am aware that there are certain risks and dangers in any activity especially with those involving wild animals and/or endangered animals and their habitats and in consideration of participating, hereby waive, release, and hold harmless the Tampa's Lowry Park Zoo, Lowry Park Zoological Society of Tampa, Inc. and the City of Tampa and their respective associated agencies for any liabilities, claims, demands, or cause of action that arise from our own negligence.

Medical Release

The law requires that parental permission be obtained for medical procedures on minors (under 18 years of age). The following consent form should be signed by a parent and/or legal guardian so that such procedures can be promptly carried out. We will make a genuine attempt to notify you in case of a serious emergency.

I, _____ understand that, in case of medical emergency, every effort will be made to contact me or the persons named in the "Emergency Contact Information" section on my child's application. If I cannot be reached, I hereby give permission to the physician selected by TLPZ to hospitalize, anesthetize, and secure proper treatment for my child as named above. I also hereby grant permission to the staff of TLPZ to dispense nonprescription medication including, but not limited to, Tylenol and Advil, to my child unless otherwise specified.

Film and Photographic Publicity Release:

Yes () No () I hereby authorize TLPZ and its representatives to use, without obligation to me, any photographs and motion pictures taken of us as individual subjects for any and all publicity and advertising purposes they may designate in promotion of their not-for-profit mission.

Yes () No () We would like to participate in the group photographs for keepsake purposes and understand that these group photographs may be posted on TLPZs website.

Parent/Guardian Name _____ Signature _____ Date _____

Participant Name _____ Signature _____ Date _____