✓ Read entire packet thoroughly so you fully understand the requirements.

✓ Positions are filled on a first come, first served basis based on the date applications are received.

✓ Please return your application as quickly as possible.

✓ Summer camp positions fill quickly so the sooner you submit the required documents, the greater your chances will be to participate.

Pages 3-8 must be completed and returned:

By Email:  summercamp@tnaquqa.org

By Mail:  Tennessee Aquarium
           Attn: Danielle Pope White
           201 Broad Street, Suite 200
           Chattanooga, TN 37402

By Fax:  (423) 267-3561
Summer Camp Volunteer Requirements

Summer Camp Volunteers help with crafts, snacks, hiking, canoeing, and field trips for younger children during the Aquarium Education Department's Summer Camp.

Summer Camp is located at the Tennessee Aquarium and IMAX Theater Complex. Tennessee Aquarium off site field trip locations may include, but are not limited to Reflection Riding Arboretum and Nature Center, Chattanooga Zoo, and the Tennessee River Gardens.

Qualifications:
- Be between the ages of 14-18 years old (14 years old by May 1st)
- Have a strong interest in working with young children
- Be enthusiastic and cheerful
- Have some experience working with children
- Be a team player and participate in all aspects of camp
- Have reliable transportation to and from the Aquarium
- Bring your own lunch with you each day to camp

Schedule:
- We require volunteers to commit to a minimum of three weeks.
- Volunteers must arrive by 8:30 am and expect to stay until 4:30 pm.
- Summer Camp Volunteers for ages 7 and above are required to stay overnight with these groups once during the week.
- All Summer Camp Volunteers must attend a mandatory training session at the Aquarium to help prepare you for summer camp responsibilities.
- **Mandatory training is Saturday, May 9th from 9:00 am - 11:30 am.**
  *All those helping with our partner camp will then travel to Reflection Riding for additional training. These volunteers will be dismissed at that location at 4:00 pm.*
Summer Camp Volunteer Application

Application Submission Date: _________________________________

Name: ___________________________________________________________________________
   First         M.I.                          Last

Birthdate: ________________________________   Age as of May 1st, 2020: ____________

Street Address: _________________________________________________________________

City: _________________________________________ State: _________  Zip: ____________

Parent Cell Phone Number: _____________________________________

Student Cell Phone Number: ___________________________________

Parent Email address:____________________________________________________________________

Student Email address:___________________________________________________________________

I have volunteered at the Tennessee Aquarium Summer Camp in the past.  Y   N
   Years:_______________________________________________________________________________

I have attended Summer Camp at the Tennessee Aquarium in the past.  Y   N
   Years:_______________________________________________________________________________
Other Information

How did you hear about our Summer Camp Volunteer Program?

________________________________________________________________________________________

Why would you like to be a Summer Camp Volunteer at the Aquarium?

________________________________________________________________________________________

________________________________________________________________________________________

What School do you attend?_______________________________ Grade Level:_____

What skills or hobbies do you have that would make you an ideal camp volunteer?

________________________________________________________________________________________

________________________________________________________________________________________

Why do you think these skills would be beneficial?

________________________________________________________________________________________

________________________________________________________________________________________
Work & Volunteer Experience

Organization: ________________________________________________________________
City & State: _________________________________________________________________
Position: ________________________________________________________________
Dates: ____________________________
Primary Responsibilities: __________________________________________________

Organization: ________________________________________________________________
City & State: _________________________________________________________________
Position: ________________________________________________________________
Dates: ____________________________
Primary Responsibilities: __________________________________________________

Experience with Children

Type of Experience: __________________________________________________________
Ages & Number of Children: __________________________________________________
What types of activities did you do? ____________________________________________
What do you like most about spending time with children?
General Information

Do you have reliable transportation to and from the Aquarium?  Y  N

Adult T-Shirt Size?   Small  Medium  Large  X-Large  XX-Large

Camp Preferences

You are required to work at least three weeks of camp. Each week runs Monday-Friday, 8:30-4:30. Place an “X” in the boxes below to indicate your schedule preferences.

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<th>Ages 4 - 5</th>
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<th>Ages 8 - 9</th>
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<td>July 27 - 31</td>
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Volunteers provide a valuable service to the Tennessee Aquarium and the community. We appreciate each volunteer’s time, as it is vital to the success of our camp. In order to provide excellent opportunities for both volunteers and campers, all selected summer camp volunteers will be required to follow expectations during the course of all camp activities.

**Parents and Legal Guardians:**
By your child becoming a Summer Camp Volunteer, you BOTH are agreeing to adhere to our required expectations. Failure to adhere may result in dismissal from the program at the discretion of their Summer Camp Leader or the Summer Camp Manager.

**Summer Camp Volunteer Agreement:**

*Please Initial*

- ______ Participate in all aspects of summer camp and actively engage with the campers by playing games, singing songs and interacting.
- ______ Remain at the Aquarium with your camp group and counselors during camp hours including any overnights.
- ______ Be aware of and responsive to campers at all times as extra eyes and hands are essential to day camp. Stream play and field trips are especially important times to be visually aware of the campers.
- ______ Demonstrate appropriate behavior at all times during summer programs.
- ______ Do not discuss topics not suitable for young children while in the company of campers. *(i.e. contents of adult-related television shows, songs, jokes, slogans, etc.)*
- ______ Dress in comfortable clothing such as sneakers, shorts, and your Tennessee Aquarium Summer Camp shirt. Shorts should be mid-thigh length or longer. Closed-toed shoes with closed heels or straps are required. **NO FLIP FLOPS or CROCS at any time!**
- ______ Phones shall not be used during camp hours.
- ______ Volunteers must notify the Camp Director and the lead camp counselor at the beginning of the week if they will be late or need to leave early from camp. Camp volunteers are a vital part of the success of each camp day and we need to plan accordingly if you must be absent. **Please call the Summer Camp Cell Phone at (423) 356-1276 if you cannot attend camp on your scheduled day.**
Acknowledgement of Terms

I ______________________________ (your name) have read and understand the camp guidelines. Signatures and initials indicate that I agree to adhere to these expectations and guidelines throughout the experience as a Tennessee Aquarium Summer Camp Volunteer. I understand that failing to adhere to these expectations may result in my dismissal from the program.

By signing below, I certify all information is true and correct to the best of my knowledge.

______________________________                                ____________
Applicant Signature                        Date

______________________________                                ____________
Parent / Legal Guardian Signature          Date