The State Botanical Garden education department offers 6 different week-long summer camps for ages 5-10. Each week focuses on a different outdoor theme to inspire fun and to connect with nature. Junior Counselor positions are offered as volunteer opportunities for high school students aged 14-17. These positions provide teens with opportunities to build confidence, serve as a role model for younger children, learn new skills and earn volunteer hours for school.

**Junior Counselor Responsibilities**

Each week of camp runs Monday-Friday from 9:00 am until 4:30 pm. There will be a break over lunch time, but you are required to stay on site (please bring your lunch each day). Various duties include:

- Leading and participating in camp games
- Setting up and assisting with activities and crafts
- Assisting with supervision in the forest
- Getting to know the campers and making them feel comfortable
- Encouraging campers to respect all living things, including each other

**Please circle each camp week for which you would like to volunteer.**

- Georgia Critters: June 3-7
- Aquatic Adventurers: June 10-14
- Forest Explorers: June 17-21 (no camp on 19th)
- Aquatic Adventurers: July 8-12
- Bee Smart Eat Smart: July 15-19
- Nature Rangers: July 22-26

**Please return this application to:**

Mail:
The State Botanical Garden of Georgia
ATTN: Audrey Mitchell
2450 South Milledge Avenue
Athens, GA 30605

Email:
astadler@uga.edu
Applicant Information
Name: ____________________________________________________________________________
Date of Birth: ______________________________________________________________________
Email Address: _____________________________________________________________________
Home Address: ____________________________________________________________________
Current School: ____________________________________________________________________

Please answer the following questions.
Why are you interested in being a junior counselor?
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

What do you hope to gain from this experience?
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

What previous experience have you had working with children?
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

What is the most important thing to you when working in a team or group?
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

What would you like to do after high school?
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

If you were transformed into a plant or animal, what would you be and why?
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Signature: ___________________________________________________ Date: ________________
Forms for Parent or Guardian

Contact Information
Name: ____________________________________________________________________________
Email Address: _____________________________________________________________________
Phone Number: ____________________________________________________________________

Medical Information
Please list any allergies that your child may have (foods, medications, plants, insects, etc.):
___________________________________________________________________________________
___________________________________________________________________________________

Please list any medications your child needs to take during camp time:
___________________________________________________________________________________
___________________________________________________________________________________

Please list any additional information you would like us to be aware of, such as recent illness, injury, or pre-existing condition:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Parental Agreement, Medical Authorization and Statement of Release
I understand that, should a health problem arise, an attempt will be made to notify me. However, if I cannot be reached by telephone, I hereby consent to such medical treatment, including surgery, as deemed necessary by competent medical personnel to be rendered. Furthermore, I am aware that participation in this event entails risks including, but not limited to hiking and recreational games, as well as risks that are not foreseeable. For the sole consideration of the State Botanical Garden arranging for participation in programming, I hereby release and forever discharge the University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights, and causes of action of whatever kind that I may have either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child’s participation in camp. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out my child’s
participating in the program. I understand that the acceptance of this Release, 
Waiver of Liability, and Convent not to sue the Board of Regents of the University 
System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity 
by said Board, its members, officers, agents, and employees. I certify that my child is 
participating in this program with my knowledge and consent. I have read and 
understand all of the above policies.

Signature of parent or legal guardian: ______________________________________________
Date: ______________________________

Photo Release
During camp, staff members will be taking pictures that will be used in Garden 
publications and on the Garden website. Please check one of the following boxes 
and sign.

☒ I hereby grant the Board of Regents of the University System of Georgia and on 
behalf of the University of Georgia State Botanical Garden of Georgia the right 
to take and utilize my child’s images, likeness, and voice through photographs, 
video or any other audio, visual, or print media of my child participating in 
camp activities for the purpose of promotion, advertising, and educational 
materials.

☒ I do not grant the use of pictures of my child.

Signature of parent or legal guardian: ______________________________________________
Date: ______________________________