

Ground to Sound Environmental STEM Summer Camp - Mentor & Intern Application

Application Deadline: Two weeks upon receipt

John Schmied, Director GTS Environmental Summer Camp, 12826 NE 185th CT, Bothell, WA, 98011
jschmied77@hotmail.com

Directions: Please type or print all information. If printing, please use black ink.

Section I: Information

1. Name _____ 2. Sex: M _____ F _____
Last First Middle Initial

3. Age: _____ 4. Date of Birth ____/____/____

5. Home Address: _____
Street City State Zip

6. Telephone: (____) _____ - _____ Cell: (____) _____ - _____
Fax: (____) _____ - _____ E-mail: _____

7. Current school you are attending _____ 8. Grade Entering in fall _____

IF you have been a GTS Mentor/Intern previously, please skip to #10

9. Have you ever been in a mentor or part of an environmental leadership team/club before?
Yes _____ No _____ If so, describe? _____
_____ How Long? _____

10. I'm applying to be a (circle one) **GTS Mentor** **GTS Intern**

11. "What specific strengths do you think you will bring to make GTS a great camp this year? _____

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Section II: Parent(s) or Guardian(s) Information

11. Parent's/Guardian's Name _____

Occupation _____ Place of Employment _____

Home Address _____

Home Phone: _____ Cell Phone: _____

E-mail _____ Fax _____

14. In case of emergency, contact: _____

| (1 st choice) | Name | Relationship | Telephone |
|--------------------------|------|--------------|-----------|
|--------------------------|------|--------------|-----------|

| (2 nd choice) | Name | Relationship | Telephone |
|--------------------------|------|--------------|-----------|
|--------------------------|------|--------------|-----------|

15. Indicate any special medical/health or disability your child has.

16. Do you have health and/or accident insurance coverage for your son/daughter/ward?

Yes _____ No _____

Insured Name (Name the insurance is in) _____

Company Policy/Group Number _____

Hospital Preference _____

Parent's/Guardian's Consent:

- As the parent/guardian of the above mentioned student, I certify that my son/daughter has my permission to participate in the Ground to Sound Environmental STEM Summer Camp 2013 as a mentor or intern, including such travel as may be part of the program.
- It is my understanding that he/she will be subject to the regulations of Brightwater Center as well as those of the Friends of the Hidden River. I understand that should a health emergency arise, I will be notified; however, if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

Signature of Parent/Guardian

Date

Signature of Applicant

Date

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GTS Mentor / Intern Recommendation Form (www.friendsofhiddenriver.org)

PART A – TO BE COMPLETED BY THE APPLICANT

Name _____

Last First Middle Initial

Home Address: _____

Street City State Zip

Telephone: (____) _____ - _____ E-Mail: _____

PART B – TO BE COMPLETED BY RECOMMENDER

How long have you known the applicant? _____ In what capacity? _____

| Summary Evaluation | Outstanding Top 5% | | Excellent Next 10% | | Very Good – Good Next 20 | | Not Comfortable Recommending this student | Evaluator’s Comments |
|---|--------------------|--|--------------------|--|--------------------------|--|---|----------------------|
| | | | | | | | | |
| Overall Academic Performance | | | | | | | | |
| Leadership | | | | | | | | |
| Dependability | | | | | | | | |
| Creativity and Imagination | | | | | | | | |
| Responsibility | | | | | | | | |
| Communication Skills – Oral and Written | | | | | | | | |
| Tech skills | | | | | | | | |
| Interest in the environment | | | | | | | | |

Name (print) Date email

Institution Position Contact Number - Time

Email application to: jschmied77@hotmail.com

Or Mail To: John Schmied, Director GTS Environmental Summer Camp, 12826 NE 185th CT, Bothell, WA, 98011