



Junior Ranger Application

Applicants must be in grades 7, 8, or 9. Completed application must include a copy of your most recent report card. No incomplete or late applications will be accepted. **Deadline: April 16, 2010**

First Name	Last Name

Home Address			
Street:			
City:	State:	Zip:	Home Phone:
E-mail Address:		Cell Phone:	

Date of Birth & Age	
Current School & Grade	

Primary Interests. Please check your top three.

Birds	<input type="checkbox"/>	Plants	<input type="checkbox"/>	Astronomy	<input type="checkbox"/>	Mammals	<input type="checkbox"/>
Reptiles	<input type="checkbox"/>	Campfires	<input type="checkbox"/>	Nature Walks	<input type="checkbox"/>	Streams	<input type="checkbox"/>

Have you ever attended Oglebay Institute Nature Day Camps or Junior Nature Camp?	
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What are your career goals?

List your Hobbies, School Activities, and/or Clubs

Please briefly tell us why you would like to be a Junior Ranger & include any past experiences you feel may help you at the Schrader Center



Oglebay Institute
Inspiring the Imagination

Junior Ranger Information & Parental Consent

The Junior Ranger program is a student volunteer program for three days each week during the summer (June 7 - August 20). The Rangers will assist with educational programs, interpretive exhibits, and trail maintenance & improvements. This will be a supervised program, which will include training and research. Junior Rangers will utilize teamwork to create, develop, and complete projects throughout the course of the summer.

The application deadline is **Friday, April 16**. Select applicants will be chosen for an interview at the Schrader Center. Following interviews, 12 applicants will be selected for the Junior Ranger Program. If chosen for the program, the applicant will then attend required training sessions that will focus on becoming familiar with the Schrader Center, staff, equipment, & animals. This will also be where we set up schedules for the summer, conduct teambuilding initiatives, and plan all other details.

Participation in the Junior Ranger Program is a privilege. If at any time a participant's conduct or cooperation with camp instructors, Oglebay Institute staff, or volunteers is not in keeping with Oglebay Institute policies, procedures, and mission, Oglebay Institute reserves the right to terminate, at its discretion, any participant's enrollment.

We understand that Junior Rangers are very busy students with many other summer engagements and camp. We will make every effort to work around Junior Ranger's schedules. Dates that I am unavailable this summer:

I have read and understand the Junior Ranger Program information.

 Applicant Signature

 Date

I have read and agree to my child participating in the Junior Ranger Program.

 Parent or Guardian Signature

 Date



OGLEBAY INSTITUTE PARTICIPANT INFORMATION FORM

Oglebay Institute requires all of the following information to be completed and returned before a child will be permitted to attend any day camp program. The information is needed in order to effectively attend to your child's needs during an emergency, illness, or other circumstance. Please complete each section fully.

GENERAL CONTACT INFORMATION

Child's Name: _____ Age: _____ Male Female

Parent/Guardian Name: _____

Home Address: _____ Home Phone: _____

City, State & Zip: _____

Work Address: _____

City, State & Zip: _____

Work Phone: _____ Cell Phone: _____

EMERGENCY INFORMATION

Emergency Contact Name: _____ Phone: _____

Address: _____ Relationship to Child: _____

2nd Emergency Contact Name: _____ Phone: _____

Address: _____ Relationship to Child: _____

Medical Insurance Provider: _____ Policy/Group #: _____

Child's Physician/Medical Care Provider: _____ Phone: _____

Please indicate emergency facility choice: Wheeling Hospital Ohio Valley Medical Center

CHILD HEALTH INFORMATION

Allergies (including medication): _____

Special Disabilities (if any): _____

Dietary Restrictions: _____

Activity Restrictions: _____

Other Needs (medical conditions, medications, etc.): _____

PHOTOGRAPH AND PUBLICITY RELEASE: I give my consent to Oglebay Institute to use my child's name, likeness, image, voice, and/or appearance to promote its, its fiscal agent, and/or their activities in uses which may include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium not known or later developed. I agree that Oglebay Institute has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with Oglebay Institute's missions.

_____ initial

By completing and signing this form, I hereby give my consent to Oglebay Institute for the following: Obtain emergency medical care for my child, administer minor first aid procedures, lead my child on walks, trips, swimming & games, transportation provided by Oglebay Institute. I hereby release and hold harmless, Oglebay Institute, its employees and its agents from any and all liability for any and all harm arising as a result of participation.

Parent/Guardian Signature: _____ Date: _____