



Conservation Day Camp - June 23-25, 2026 Counselor Application

Counselor Information

COUNSELOR NAME: First		Last	
ADDRESS: Street		City	State ZIP
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	AGE	DATE OF BIRTH
T-SHIRT SIZE: Small Medium Large XL 2XL		GRADE COMPLETED	SCHOOL OR COLLEGE ATTENDED
PHONE		EMAIL	

What grade(s) of campers do you prefer to work with? Circle all that apply.	Grade 2	Grades 3-4	Grades 5-6	Any grades
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Medical Information

List any Specific Allergies & Reactions; Physical, Health, or Behavioral Limitations; and Current Medications & Dosage. All medication is to be given to camp nurse at registration in original labeled containers, including dosage instructions.	
PHYSICIAN'S NAME	PHONE

Counselor Commitment

I understand that if selected to serve as a counselor for Preble County Conservation Day Camp, I will be expected to follow the rules and responsibilities given to me. I recognize the commitment and responsibility involved with being a Conservation Day Camp Counselor, and I believe I am able to accept that challenge. My status as a Preble County Conservation Day Camp Counselor may be terminated by either party at any time for failure to abide by these or other policies and procedures.	
SIGNATURE OF THE APPLICANT	DATE

Consent/Waiver of Liability

<p>I give my child permission to participate in all on-site activities at Conservation Day Camp. I understand participants will be supervised and are expected to cooperate in activities and abide by camp policies of conduct and attitude. The camp reserves the right to dismiss counselors who fail to follow these guidelines.</p> <p>My child has permission to apply to be a Conservation Day Camp Counselor. I realize the responsibility the position holds. I feel my child can accept the commitment and follow through with all assigned task and duties.</p> <p>I also understand the Staff, Preble Soil and Water Conservation District, and the Preble County Historical Society are not responsible in the event of accidental injury or illness, nor the compounded injury or illness to the participant's present medical conditions listed. I give permission to camp staff to administer basic first aid to my child, including ibuprofen, acetaminophen, and Benadryl. I further understand in case of serious injury or illness, every reasonable effort will be made to notify me. If I cannot be contacted, I give my permission to the attending physician to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for the participant named above.</p> <p>I give Preble Soil and Water Conservation District permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the above organizations with respect to copyright ownership and publication including any claim for compensation related to the use of the materials.</p>

PARENT/GUARDIAN NAME: First	Last	Phone
PARENT/GUARDIAN SIGNATURE		DATE

Applications must be returned by **Friday, April 17** to: Preble SWCD, 2789 US RT 35 E, West Alexandria, OH 45381
Please direct all questions to bjprice@prebleswcd.org or call (937) 456-5159.