



**Internship Application (for ages 13 and 14)  
Parkside Community Association Summer Arts Camp**

**Must be turned in to the Parkside Community Association at 2318 Main Street, Buffalo, NY 14214 no later than  
May 26, 2017**

**Internship Description**

For our 2017 Parkside Summer Arts Camp we have a formal internship program for those ages 13-14. This program is an evolution from our previous Counselor in Training program, and has been designed to maximize the learning and talent potential of young people after they transition out of the role of camper. Our interns will get hands-on learning experience from our camp staff and teaching artists, while they work to plan their own camp lesson. Over the course of their three week internship, our interns will be tasked with using their imaginations and skill sets to plan and execute what they think would be an entertaining and educational lesson for our campers. In addition to this hands-on experience, our interns will benefit from the same health and safety training as our staff, and be able to apply their time spent interning to any volunteer hours required from their schools. If you or your child is interested in joining us as an intern for 2017, please complete the below application. If you have any questions, please feel free to call the PCA at (716) 838-1240.

**Applicant Information**

Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian  
Contact ONE: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian  
Contact TWO: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Reasons you are interested in interning for the Parkside Summer Arts Camp:**

Briefly explain why you want to be a part of the PCA's Summer Arts Camp for 2017 (Feel free to include additional information on a separate sheet of paper if needed):

**Availability**

**Desired session:**

Session One (July 11-July 28, 2017): \_\_\_\_\_ Session Two (July 31-August18, 2017): \_\_\_\_\_

If your first choice is not available, would you be interested in interning during the other session?: \_\_Y \_\_N

Dates unavailable during each session: \_\_\_\_\_

All interns will be scheduled for one 3 week session. Camp hours are from 9 a.m. - 3 p.m., Monday through Friday. During their 3 weeks at camp, interns can expect to log a minimum of 40 hrs of volunteer/internship time.

**References**

**Please list two references.**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Applicant Signature**

I certify that my answers are true and complete to the best of my knowledge. I give permission for Parkside Community Association to contact my references.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Medical Information & Parental Consent**

**To be completed parent or legal guardian:**

Physician/Clinic: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Insurance #: \_\_\_\_\_

Medication: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

*Please attach a copy of your child's immunization records to this application. We are required to keep these records on file pursuant to our camp permitting.*

\_\_\_\_\_ My child may participate in walking field trips (nature walks) within 2 miles of the program site.

\_\_\_\_\_ My child may participate in field trips using public transportation (if applicable, more information will be provided before the program start date).

By signing below, I give my child consent to participate in the 2017 Summer Arts Program. I understand that participation in any outdoor camp involves a certain degree of risk; I have carefully considered that risk and have given consent for my child to participate in this program. I consent to the Parkside Community Association of Buffalo, Inc. ("Parkside") administering first aid to my child, and in the event of an emergency to take my child to the nearest medical facility as may be needed and in the sole discretion of Parkside. I further hereby consent to my child's photograph, likeness, or image being included in future program promotional, marketing and publicity materials of Parkside, including but not limited to websites, social media pages, newsletters, videos, and photographs. I attest that the above information is accurate and complete. By signing this agreement, I represent that I am a parent/legal guardian of my child and have the legal authority to execute this consent agreement.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_