

A.C.T. Assistant Counselor in Training (A.C.T.) Application



Return form, along with typed 300-word essay,
by April 30, 2010 to:
The Morton Arboretum
Manager of Youth and Family Programs
A.C.T. Application
4100 Illinois Route 53
Lisle, IL. 60532-1293
Fax: 630-719-2440

A.C.T. SESSIONS (Two weeks, Monday – Friday, 9 am – 12:30 pm; Third week - Volunteering) Circle one:

SESSION I: June 14 -18
June 21- 25
June 28 – July 2 (*see below*)

SESSION II: July 19-23
July 26-30
August 2-6 (*see below*)

PREFERRED VOLUNTEER HOURS (3rd Week) Circle one:

Morning Camp, 8:30 am – 12:15 pm **Afternoon Camp**, 12:15 pm – 4 pm **Full-Day Camp** (Optional)

DATE _____ GRADE _____ DATE OF BIRTH ____/____/____

NAME _____

ADDRESS _____
Last First Middle Initial

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____ (needed to confirm receipt of application)

EMERGENCY CONTACT _____ RELATIONSHIP _____
Name Phone Number

HAVE YOU VOLUNTEERED BEFORE? Yes No

VOLUNTEER EXPERIENCE, SPECIAL SKILLS, INTERESTS, OR HOBBIES (list briefly)

THREE REFERENCES (OTHER THAN FRIENDS OR RELATIVES):

1.	_____	_____	_____	_____
	First Name	Last Name	Address	Phone
2.	_____	_____	_____	_____
	First Name	Last Name	Address	Phone
3.	_____	_____	_____	_____
	First Name	Last Name	Address	Phone

HOW DID YOU HEAR ABOUT THIS PROGRAM? _____

In addition to this application, interested individuals must submit a 300-word, typed essay highlighting their experience with children and indicating why they are interested in the program.

If accepted into The Morton Arboretum's **Assistant Counselor in Training** program, I agree to abide by all Summer Science Camp rules and follow all volunteer policies and procedures. Upon acceptance into the program, a payment of \$395 (\$320 for members) must be submitted in order to reserve a spot in the program. Payment covers the cost of the two week training period; I will be volunteering my time (for free) during the third week. Two required forms (found online) must also be filled out and submitted.

Student Signature _____ Date _____

Parent or Guardian Signature _____ Date _____