



Spring 2025

Dear Applicant,

Thank you for considering volunteering your time, talents and energy to be a part of our dynamic Summer Camp Series at Flanders Nature Center & Land Trust. Enjoy excitement and adventure exploring the great outdoors with campers ages 3-13, spend time with other enthusiastic teen interns, build your resume for college applications, earn community service hours, and have a summer experience you will never forget!

Our summer is a big success when interns like you become part of our teaching team where our future earth stewards explore diverse habitats to learn about wildlife, create art, practice culinary skills and discover agriculture challenges.

There is something for everyone at Flanders!

Here is how to become a Flanders Summer Intern:

1. Applicants must be 14 years or older
2. Complete and either send or deliver the "Intern Application" to:
Flanders Nature Center & Land Trust
5 Church Hill Road
Woodbury, CT 06798
Or email it to flanders@flandersnaturecenter.org
3. Because you will be working with children, we ask for a letter of recommendation. Fill out the top part of the Recommendation Form and give it to the adult of your choice (not a parent, guardian, or relative) to complete. The adult will mail the recommendation form to Flanders. Suggested adults are teachers, employers, etc.
4. Once your application has been received, we will contact you to schedule an interview with you and a parent/ guardian.

Thank you in advance for helping us to create an experience for youth that can last a lifetime!

Flanders Environmental Education 2025 Staff



Summer Intern Application

Summer Series 2025

PLEASE NOTE: Applicant must be 14 years or older

Date of Application: _____

Student's Name: _____

Age: _____ D.O.B _____ Grade in Sept. 2025: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ E-Mail: _____

Weeks available (please circle all that apply):

June 9 - 13	June 16 - 20	June 23 - 27	June 30 - July 3 (no 4th)
July 7 - 11	July 14 - 18	July 21 - 25	July 28 - August 1
August 4 - 8	August 11 - 15	August 18 - 22	August 25 - 29

Parent/ Guardian Name: _____

Phone Number (day): _____ (evening): _____

Parent/ Guardian Name: _____

Phone Number (day): _____ (evening): _____

Emergency Contact Information:

Primary Contact: _____

Phone (day): _____ (evening): _____

Relationship to Intern: _____

Secondary Contact: _____

Phone (day): _____ (evening): _____

Relationship to Intern: _____

I give my permission to Flanders Nature Center & Land Trust to take, use, publish, and reproduce photographs, slides or video of my child for publicity purposes. Parent or guardian's signature and consent to intern:

X _____



Medical Consent Form

Physical form from Doctor is required

Summer Series 2025

Name of Teen Intern: _____

This form must be completed by a parent/guardian in order for you to volunteer at Flanders.

Allergies: _____ No _____ Yes, Explain _____

Special Needs: _____ No _____ Yes, Explain _____

Emergency Medication: _____

Other Medical Issue: _____

Child's Doctor Name: _____ Number: _____

Child's Dentist Name: _____ Number: _____

Hospital Preferred & Insurance Info. _____

Prior to camp you MUST submit one of the following: A Health Assessment Record or the Youth Camp Health Exam / Record. Flanders does not administer any medication. Your child must be able to self-administer any medication and you must submit the following form: http://www.ct.gov/oec/lib/oec/licensing/childcare/cdc_yc_adminmeds.pdf

RELEASES —

If parents(s) or legal guardian(s) cannot be reached in the event of an emergency, I hereby appoint the staff of Flanders to act in my/our behalf to administer first aid treatment and/or to authorize unexpected medical, dental or surgical care and hospitalization for my child, including but not limited to ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to Flanders to arrange necessary related transportation. I give permission to the physician selected by Flanders to secure and administer treatment. This completed form may be photocopied for trips off site for emergency transportation only. I give permission for my child to participate in nature trail walks and related outdoor activities, as well as other Flanders Summer Series activities. _____ YES _____ NO

I give Flanders my permission to take, use, publish, and reproduce photographs, slides or videos of my child for publicity purposes. _____ YES _____ NO

**Signature of parent or guardian: _____

Printed name: _____ Date: _____

*This form will be kept confidential and will only be shared with Flanders Staff/representatives and medical personnel in the event of an emergency



PLEASE NOTE: This questionnaire must be filled out by the applicant, not by the parents or guardians.

1. Have you volunteered at Flanders in the past? YES / NO

If YES, please describe: _____

2. Do you have any other volunteer experience? YES / NO

If YES, please describe: _____

3. Why are you interested in Volunteering at Flanders?

4. Are you available or interested in helping with our "Rooster Roll Call" (coming in at 8 AM)?

5. Do you have experience working with young kids (aged 3-13)? If yes, please explain.

6. Do you have experience or interest working with farm animals? If yes, please explain.

Other skills/experience: (please explain)

Clubs/activities: (include information about positions held)



Summer Intern Recommendation Form

Applicant,

Please fill out the top section and give this recommendation form to an adult who can honestly communicate your strengths and weaknesses. Examples are a teacher, an employer, or someone who has trusted you to care for their children. Parents, guardians, and relatives may not fill out this form.

Applicants Name: _____

Age: _____ Grade in SEPT. 2025: _____

Trusted adult,

Please fill out the bottom section of this form, honestly describing the intern named above. Please mail or self-deliver this form to:

Flanders Nature Center & Land Trust
5 Church Hill Road
Woodbury, CT 06798

How do you know this applicant?

How long have you known this applicant? _____

Would you recommend this applicant to work with small groups of young children (ages 3-13) in the supervision of an adult? Why or why not?

Do you have any concerns with this applicant handling responsibility well? Please explain.

Please use this space to explain any additional information that you wish to about this applicant.

Your name: _____

May we contact you with questions? _____ Phone: _____

OFFICE USE ONLY

STAFF FOLLOW UP: NAME _____ DATE _____