



# Children of the Earth Foundation

## INTERN APPLICATION

PERSONAL INFORMATION		
Your Name	Nickname	Today's Date
Parent's Name		
Street Address		Home Phone
City/State/Zip		Country
Email Address		Other Message Phone
Programs and dates for which you want to intern		Date of Birth

SKILLS: Certifications, Licenses and Specialized Skills	
<b>Certificates:</b> <i>Please Provide Expiration Dates, if applicable</i>	<b>Coyote Tracks Courses</b> <i>Please provide dates attended for all</i>
First Aid	Family, Youth and Teen Experience
CPR	Way of the Woods
Lifeguard Certification	Scout
Wilderness First Responder	Philosophy
Other (please specify)	Others

VOLUNTEER WORK- Please use additional page if necessary to list each volunteer experience, position, duties, length of term, etc.

REFERENCES- Please list three non-family member adults			
Name	Address (City/State/Zip)	Phone number	Occupation

**PLEASE READ CAREFULLY BEFORE SIGNING:**

I attest that the information provided in this application is true and correct and agree that any untruthful or misleading answers, or omission of fact, may result in rejection of this application, or dismissal. I further understand that, if I am selected as an intern, I am required to abide by all policies and procedures of The Children of the Earth Foundation.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Contact Information**

1) Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work/Other Phone \_\_\_\_\_ Email \_\_\_\_\_

2) Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work/Other Phone \_\_\_\_\_ Email \_\_\_\_\_

3) Another Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

1<sup>st</sup> Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

**Once you've been accepted:**

We will contact you to let you know if you have been accepted as an intern, and for which weeks.

**❖ Let us know how you plan to travel to Coyote Tracks**

Cell phone during travel \_\_\_\_\_

I plan to arrive by

\_\_\_ Car

\_\_\_ Train to Paterson, NY- please pick me up at the train station! *(NY summer programs only)*

\_\_\_ Bus to Waretown Plaza- please pick me up at the bus stop! *(NJ Weekend programs only)*

\_\_\_ Other \_\_\_\_\_

**❖ School Store Tab**

There will be items available for purchase that may include snacks, knives, books, apparel, etc. You can set a limit now as to how much your child can spend. **My child's school store limit is: \$\_\_\_\_\_**

The tab must be paid before your child leaves our programs.

Please check off how the tab will be paid:

Charge my credit card for school tab after each week

I will pay with cash or a check when I pick up my child at the end of the program.

**❖ Medical Form**

The medical form still needs to be filled out every year you come to Coyote Tracks.

**For NY Programs each minor must have a completed medication form signed by their physician. For all other programs this page may be completed by the parent or guardian.**

**MEDICAL FORM**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender:        M        F

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

■ **Dietary Preference:**

Omnivore

Vegetarian

Vegan

Other: \_\_\_\_\_

■ **Medical History**

Please list any:

Allergies to Food(s): \_\_\_\_\_

Allergies to Medication(s): \_\_\_\_\_

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

Describe reaction and treatment of these allergies: \_\_\_\_\_

Please check all that apply to the participant of which we should be aware:

\_\_\_\_\_ Recent injury or illness

\_\_\_\_\_ Have asthma

\_\_\_\_\_ Chronic or recurring illness/condition

\_\_\_\_\_ History of sleepwalking

\_\_\_\_\_ Frequent headaches

\_\_\_\_\_ History of bed-wetting

\_\_\_\_\_ Wear glasses or contacts

\_\_\_\_\_ Eating disorder

\_\_\_\_\_ Frequent ear infections

\_\_\_\_\_ Diagnosed with ADD or ADHD

\_\_\_\_\_ Ever had seizures

\_\_\_\_\_ Emotional/psychological difficulties for which professional help was sought

\_\_\_\_\_ Ever had high blood pressure

\_\_\_\_\_ Other medical conditions

\_\_\_\_\_ Have diabetes

Please explain all items that are checked or any other issues for which you would like us to be aware:

**Immunization Voucher**

Please check one:

My child is fully immunized.

My child is exempted from immunization for medical reasons.

My child is exempted from immunization for religious reasons.

**Meningococcal Meningitis Vaccination Response Form**

New York State Public Health Law requires the operator of an overnight children’s camp to maintain a completed response form for every camper who attends camp for seven (7) or more nights. Check appropriate box:

My child will not attend seven or more nights of overnight camp.

My child has had the meningococcal meningitis immunization (Menomune™) within the past 10 years.  
Date received \_\_\_\_\_

I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will not obtain immunization against meningococcal meningitis disease.

**Medications:** (For NY programs it is *required* that this be completed by each minor's physician, other programs may be completed by parent or guardian. Make additional copies as needed)

Participant Name \_\_\_\_\_

Physician Name \_\_\_\_\_

Physician Phone \_\_\_\_\_

Physician Address \_\_\_\_\_

**Prescribed Medications**

*I have prescribed the following medications to \_\_\_\_\_ (minor's name) and hereby order that they be dispensed to the above minor by qualified staff of The Children of the Earth Foundation:*

Medication: \_\_\_\_\_ Dose \_\_\_\_\_  
Specific time(s) take each day or condition \_\_\_\_\_

Medication: \_\_\_\_\_ Dose \_\_\_\_\_  
Specific time(s) take each day or condition \_\_\_\_\_

**Over the Counter Medications**

*The following may be given as symptoms require and should be administered as indicated for the minor's age or weight on the manufacturer's instructions.*

- |  |                                 |
|--|---------------------------------|
| _____ Acetaminophen (Tylenol)          | _____ Anbesol                   |
| _____ Ibuprofen (Advil)                | _____ Calamine Lotion           |
| _____ Pseudophedrine (Sudafed)         | _____ Topical antibiotic cream  |
| _____ Diphenhydramine (Benadryl)       | _____ Hydrocortisone 1% cream   |
| _____ Cough Drops                      | _____ Aloe or Burn Spray        |
| _____ Dextromethorphan (Robitussin DM) | _____ Antifungal Spray or cream |
| _____ Loperamide (Imodium A-D)         | _____ Other _____               |
| _____ Antacid (Tums)                   |                                 |

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name (please print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Waiver**

**RELEASE AND WAIVER OF LIABILITY:** In all programs conducted by The Children of the Earth Foundation (hereinafter COTEF), reasonable care is taken to prevent serious injuries and to minimize accidents. I am fully aware that survival, tracking, awareness and philosophy training, even under the safest conditions, has inherent dangers and I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children that might arise directly or indirectly as a result of participation in any COTEF program. I hereby expressly release, discharge and hold harmless from any liability whatsoever, COTEF and all employees and volunteers in their capacity as representatives of COTEF, expressly including the Board of Directors of the COTEF, except for injuries caused intentionally, or by willful misconduct.

**PROPERTY LOSS:** I understand COTEF is not responsible for a participant’s personal property that is lost, damaged or stolen during the course of a COTEF program.

**INSURANCE:** I understand that it is my responsibility to provide for my own, and any other members of my family if applicable, accident and health coverage while participating in COTEF programs. COTEF does not provide any accident and health insurance for its participants.

**MEDICAL RELEASE:** I authorize COTEF, as my agent, to give consent to surgical or medical treatment by a licensed physician or hospital when the physician deems such treatment necessary and I cannot be contacted within a reasonable time or I am not otherwise able to give such consent. I authorize COTEF to give first aid, CPR or other treatment by a qualified staff member.

**PHOTOGRAPHS:** I authorize COTEF to have and use photographs or video of my children or myself as may be needed for its records or public relations projects.

**ACCEPTANCE:** I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but on my heirs, administrators, executors, successors, and assigns.

**Signature of parent/guardian of minor participants:**

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

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

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**Send completed application to:**  
[info@cotef.org](mailto:info@cotef.org)

Or fax to: (888) 479-2481



## Children of the Earth Foundation

### **COYOTE TRACKS INTERN QUESTIONS**

Applicant Name: \_\_\_\_\_

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

PLEASE ANSWER THE FOLLOWING QUESTIONS. You may use additional paper if necessary. There are no right or wrong answers to these questions. We hope the questions will be helpful as you consider whether or not you want to be at Coyote Tracks, and as you begin to prepare yourself for the program.

1. Please share your relevant experience including Coyote Tracks classes and classes you've helped in, classes from related schools and other wilderness program experience you have such as NOLS, Outward Bound, summer camps, etc.

2. Please share experience you have volunteering or working with children (teaching, counselor, troop leader, etc.)

3. How comfortable are you with the "Family Experience" skills? For example, would you feel comfortable doing a bow drill fire in front of a group? Are there certain skills on which you have focused? Please include skills you are comfortable doing yourself and skills with which you could assist another instructor. About what skills are you passionate?

4. Why do you want to join the Coyote Tracks Intern Program?