



Bird Treatment and Learning Center Avian Teen Crew (ATC) Application

Name: _____ Date: _____
 Age: _____ DOB: _____ Grade for 24-25 school year: _____
 Current School: _____ T-shirt size: _____
 Address: _____ City, State, Zip: _____
 Phone: _____ Email: _____ Parent Email: _____

Parent name: _____ Parent Phone: _____
 Emergency Contact: _____ Phone: _____

A \$100 program fee is required upon acceptance into the Avian Teen Crew. If unable to pay the fee, limited scholarships may be available upon inquiry.

I am a returning Avian Teen Crew Member _____

Describe any animal experience you possess (including pets at home): _____

List any other skills relevant to the scope of the program: _____

List any allergies or medical concerns: _____

<u>Avian Teen Crew Shifts</u>	<u>Important Dates</u>
Wednesday-Saturday shifts run from 10AM-2 PM	Application period 3/1/24-5/1/24
*12-14 year olds are required to commit to one shift per week	Notice of acceptance 5/13/23
*15-17 year olds are required to commit to two shifts per week	Program runs 6/3/24-8/3/24
Please check which shifts you are available for each week:	Last day of Program/Awards 8/3/24
Wednesday <input type="checkbox"/>	Please choose 3-4 dates that you would be available to help with youth summer camps.
Thursday <input type="checkbox"/>	June 25 th , 10:00 am - 1:00 pm
Friday <input type="checkbox"/>	June 26 th , 10:00 am -1:00 pm
Saturday <input type="checkbox"/>	June 27 th , 10:00 am - 1:00 pm
	June 28 th , 10:00 am - 1:00 pm
	July 15 th , 10:00 am - 1:00 pm
	July 16 th , 10:00 am - 1:00 pm
	July 17 th , 10:00 am - 1:00 pm
	July 18 th , 10:00 am - 1:00 pm

	<p>July 19th , 10:00- 1:00</p> <p>July 12th 11:00-1:00</p> <p>Please check one or more dates in which you would be available to interview:</p> <p><input type="checkbox"/> 5/4/24 10 am-12 pm <input type="checkbox"/> 5/6/24 10-12 pm</p> <p><input type="checkbox"/> 5/4/24 1-3 pm <input type="checkbox"/> 5/6/23 1-3 pm</p> <p>Important dates you are unavailable:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Describe what interests you in the ATC and how you think it will benefit your educational and career goals.

Parental Permission

By checking this box, I give permission for my child (print child's name here) _____ to apply and to be considered for a teen volunteer position at Bird Treatment and Learning Center.



*** Please submit completed application by 5/1/24 to Mary Mercier, Education Program Coordinator at mary_mercier@birdtlc.org ***