

NOMAD



NOMAD Farms Summer Camp 2020 Volunteer Lead-Farmer/ Counselor Information

Conservation, caretaking, collaboration, composting, & calisthenics for ages 6-12

#thisisfarmcamp

Come prepared to work hard, play hard, take care of and enjoy the land and livestock! Learn how NOMAD Farms and nature work together to produce clean food. Befriend the animals— feed, water, and assist in pasture rotation. Tend the farm garden. Plant seeds, cultivate compost, care for plants and trees, protect from predators. Collect eggs. Appreciate farm-inspired art and storytelling. Make forts. Play old-fashioned games. Keep a field journal and bring your intellect to the challenge. Build character. Explore the wonder of God's creation and understand your role in the stewardship of it.

Last summer Dana Nicholson (Engineer of NOMAD Farms camp curriculum) finished her MA in Education @ Wake Forest University and brings her new inspiration to farm camp in 2020. Cheers to a growth mindset for all farmers, young and old!

NOMAD Farms *invites you to join our volunteer work crew during the
Summer of 2020!*

Who?

Students, ages 13-22, who enjoy being outside, interact well with kids, & have a heart to lead. Required: stamina, patience, and strong work ethic.

When?

Choose one or more:

Session 1: June 22-26 *plus mandatory orientation on June 21, 4:00-7:00*

Session 2: July 6-10 *plus mandatory orientation on July 5, 4:00-7:00*

Session 3: July 13-17 *plus mandatory orientation on July 12, 4:00-7:00*

Session 4: August 3-7 *plus mandatory orientation on August 2, 4:00-7:00*

Volunteers arrive at 8:30 and may leave at 2:30 on each camp day. By submitting this application, you are signing up as a volunteer and we are gratefully counting on you! We look forward to seeing you at the counselor orientation on the Sunday preceding your session. That afternoon, Introductions will be made, and dinner will be served. You'll be challenged, charged, and cheered for an intense and fulfilling five days to follow!

What do I bring?

Bag lunch
Refillable water bottle with name on it
Towel, sunscreen, & durable shoes that can get dirty
Bathing suit and flip-flops (for famous farm-hill slip & slide on Wednesday)

Farm Provisions?

Opportunities to set pace for sustainability and land stewardship
Sunday cookout dinner during orientation + daily farm stand snack
Certificate with number of volunteer hours (33+)
College recommendations by request

Contact?

Dana Nicholson
336.816.9831 (text)
nomadfarms@gmail.com

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NOMAD Farms Summer Camp 2020

Volunteer Counselor Application

Complete and send pages via post or email scan.

Volunteer's Name _____

Session #(s) (1-4) _____ Gender (circle one) Girl or Boy

Age _____ DOB _____ (must be 13 before first day of session)

Parents/Guardians' Names _____

Address (incl. street, city, & zip code) _____

Phone number(s) _____

Email Contact(s) for welcome and reminder email to be sent about a week before your camp session starts. Print clearly.

Medical and Emergency Information

Known Allergies (including food) _____

General Health _____ Date of Last Physical _____

Physical Limitations _____

Medications _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Emergency Contact Name _____ Relationship _____ Phone _____

Must be available during camp hours.

How did you find out about this camp (circle)? Facebook • Local Magazine • Friend's Experience

Circle one or more: Session 1 and/ or Session 2 and/or Session 3 and/or Session 4

Volunteers arrive at 8:30 and may leave at 2:30 on each camp day. By submitting this application, you are signing up as a volunteer and we are gratefully counting on you! If summer is already underway and an emergency arises that renders you unable to fulfill the commitment, please find a substitute and have him/her download and complete this form from our website. When we have already assigned you as a counselor with campers who depend on you, adjustments for a last-minute withdrawal are complicated. Thank you for consideration.

NOMAD Farms Camp Permission & Liability Form

A parent or legal guardian must complete if under 18. If 18 or older, complete for yourself.

Volunteer's Name _____

I give permission for the staff of NOMAD Farms to call EMT personnel to treat, stabilize, and/or transport my child in case of emergency.

I give permission to the staff of NOMAD Farms to administer the medication written below per my instruction including medicine name, dosage, time, and circumstance. All medicine must be in original pharmacy bottle or the staff of NOMAD Farms will not administer the medication. The medication I give permission to administer is:

I give NOMAD Farms staff permission to administer nonprescription medicine, including but not limited to antibacterial ointment, peroxide, iodine, betadine, rubbing alcohol, sunscreen, calamine lotion, burn cream, appropriate bandaging, antibacterial soap, etc. for the treatment of minor injuries.

I give permission for my child to participate in any and all classes and activities which are age and developmentally appropriate **except** the following (no exceptions if nothing listed):

I give permission for any photograph taken during the week of summer camp at NOMAD Farms to be used for the purposes of the farm (including but not limited to brochure, website, social media, etc.).

*If you do not place a check/mark any box above, NOMAD Farms will consider permission not granted for that specific line item.

WARNING

Under North Carolina law, there is no liability for an injury to or death of a participant in an agritourism activity conducted at this agritourism location if such injury or death results from the inherent risks of the agritourism activity. Inherent risks of agritourism activities include, among others, risk of injury inherent to land, equipment, and animals, as well as the potential for you to act in a negligent manner that may contribute to your injury or death. You are assuming the risk of participating in this agritourism activity. N.C.G.S. § 99E-32

I have read and understand the terms.

Parent/Guardian Signature _____

Date _____