



Audubon Canyon Ranch CSI 2017: Conservation Science Intensive

June 19-23, 2017

APPLICATION INFORMATION

Overview

ACR's Conservation Science Intensive brings together selected participants for a summer adventure and educational experience on the spectacular and permanently protected lands of Audubon Canyon Ranch in Sonoma and Marin counties. This extraordinary program seeks to inspire young women to develop a stronger connection to nature while learning about and practicing land conservation and stewardship. Over the course of 5 consecutive days, participants will develop an understanding of conservation practices and deepen their appreciation of the complexity and interconnectedness of natural systems. This expeditionary program will challenge participants physically, mentally, and emotionally as they work with and learn from ACR's highly-skilled female conservation biologists, ecologists, and educators.

Sample day

8:30 AM	Group check-in, overview of day's plan, gather tools & equipment
10:00	Hike to field site
11:00	Training in methods & techniques
12:00	Lunch Break
12:30 PM	Project time
3:00	Solo time/journaling
3:30	Group discussion
4:00	Hike back
4:30	Clean & put away tools & equipment, group wrap-up
5:00	Departure

The program is based out of the Bouverie Preserve in Glen Ellen and includes a day trip to ACR's 3,000 acre Modini Mayacamas Preserves near Healdsburg, and an overnight trip that will include a visit to Cypress Grove Research Center on Tomales Bay near Marshall and the Martin Griffin Preserve on Bolinas Lagoon. While learning and working on ACR's extraordinary Preserves, participants explore topics including natural history, conservation practices, leadership, outdoor skills, and women in science.

Twelve young women will be selected to participate in the program. We are seeking applicants from a variety of socioeconomic and cultural backgrounds, understanding that a diversity of life experiences in the group will significantly enhance the experience of all participants. Demonstrated academic success is less important than a clear sense of how the program will benefit the individual. Funding provided by private foundations and donors allows ACR to offer this program free-of-charge

Participants must commit to attending the entire course with no absences.

Application Process

Applications may be submitted at any time. Qualified applicants will be evaluated and accepted on a first-come, first-served basis so early submission is encouraged. We will notify all applicants of their admission or denial as soon as possible.

In order to be considered, all applicants must submit a completed application packet including:

- Concise typed responses to the following questions, with total responses limited to no more than one double-sided sheet of paper.
 1. What attracts you to the CSI program?
 2. Describe your outdoor experience including hiking, camping, and field study.
 3. What skills or strengths do you bring to a group?
 4. What educational and/or professional goals might you hold for yourself and how would selection for the CSI program help you achieve these goals?
- One Recommendation Form completed by a community leader (teacher, youth group leader, internship supervisor, etc. – not family members, please) addressing your qualifications for this program.
- Health History & Emergency Treatment Form
- Hold Harmless Waiver

Please submit application to:

julia.clothier@egret.org

Or mail to:

CSI 2017
ACR Bouverie Preserve
PO Box 1195
Glen Ellen, CA 95442

Or fax to:

707-938-8758

IMPORTANT

The applicant will not be considered without confirmation of their availability for the entire program.

For more information:

Julia Clothier at julia.clothier@egret.org or 707-938-4554 x 301.

CSI 2017 Recommendation Form

ACR's Conservation Science Intensive brings together selected participants for a summer adventure and educational experience on the spectacular and permanently protected lands of Audubon Canyon Ranch in Sonoma and Marin counties. This extraordinary program seeks to inspire young women to develop a stronger connection to nature while learning about and practicing land conservation and stewardship. Over the course of 5 consecutive days, participants will develop an understanding of conservation practices and deepen their appreciation of the complexity and interconnectedness of natural systems. This expeditionary program will challenge participants physically, mentally, and emotionally as they work with and learn from ACR's highly-skilled female conservation biologists, ecologists, and educators.

Twelve young women, ages 15 to 17, will be selected to participate in the program. We are seeking applicants from a variety of socioeconomic and cultural backgrounds, understanding that a diversity of life experiences in the group will significantly enhance the experience of all participants. **Demonstrated academic success is less important than a clear sense of how the program will benefit the individual.**

Please complete this recommendation form honestly and to the best of your ability. You may use additional sheets, if necessary.

DEADLINE: Applications may be submitted at any time. Qualified applicants will be evaluated and accepted on a first-come, first-served basis so early submission is encouraged. Please return the completed recommendation to the applicant, or fax to 707-938-8758 or mail to:

CSI 2017

ACR Bouverie Preserve

PO Box 1195, Glen Ellen, CA 95442



NAME OF CSI APPLICANT _____

Name of Recommender _____

Mailing Address _____ **City, State, Zip** _____

Email _____ **Phone** _____

How long have you known the applicant and in what context(s)?

In what ways is the applicant outstanding compared to her peers? What are her strengths? How does she get along with peers and adults?

How do you think the applicant might benefit from this program?

In what area(s), if any, do you think the applicant might be challenged by this program?

Please share anything else you feel that we should know about the applicant.

HEALTH HISTORY & EMERGENCY INFORMATION FORM

GENERAL INFORMATION

Applicant's Full Legal Name _____ Date of Birth _____

Applicant's Cell Phone _____

Applicant's Email Address _____

Custodial Parent/Legal Guardian Name _____

Parent's Daytime Phone _____

Parent's Email Address _____

Mailing Address _____ City _____ State _____ Zip _____

Parent/Guardian Speaks English? Yes No, specify language _____

If selected, applicant will be able to attend entire program, June 19-23, 2017. Yes No

EMERGENCY CONTACTS (in case we are unable to reach parent/guardian)

1. Second Parent or Guardian or Local Relative or Close Family Friend _____

Day Phone (_____) _____ Night Phone (_____) _____

2. Local Relative or Close Family Friend _____

Day Phone (_____) _____ Night Phone (_____) _____

3. Local Relative or Close Family Friend _____

Day Phone (_____) _____ Night Phone (_____) _____

Insurance Carrier or Plan Name _____ Group # _____

MEDICATIONS

Audubon Canyon Ranch staff is permitted to administer only those medications, including prescription and over-the-counter medications, vitamins, supplements, medicated creams and/or lotions, with **current (not expired) labels attached and contained in original packaging**.

My child will be taking NO medication(s) during the program.

My child will be taking the following medication(s) during the program:

Please list all prescription and over-the-counter medications, vitamins, supplements, medicated creams and/or lotions you would like us to administer to your child during the program including overnight portion.

Med #1 _____

Detailed dosage information (amount & time schedule) _____

Med #2 _____

Detailed dosage information (amount & time schedule) _____

Med #3 _____

Detailed dosage information (amount & time schedule) _____

Audubon Canyon Ranch, Bouverie Preserve

P.O. Box 1195 • Glen Ellen • CA • 95442

Phone 707-938-4554x306 • Fax 707-938-8758 • Website: www.egret.org • E-mail: bouverie@egret.org

BOUVERIE PRESERVE



HEALTH HISTORY Please add additional pages, if necessary.
(Circle yes or no)

Yes No **Anaphylactic Reaction (life-threatening allergic reaction to insect sting, food, chemical, etc.)**

Children diagnosed with anaphylaxis must bring 1 allergic reaction kit (EpiPen & Benadryl) with protocol.

Trigger(s), date and severity of last reaction _____

Check here if your child has been prescribed with and will be bringing an EpiPen.

Yes No **Asthma**

Trigger(s), date and severity of last attack _____

Check here if your child has been prescribed with and will be bringing an asthma rescue inhaler.

Yes No **Heart Condition**

Details _____

Yes No **Diabetes**

Details _____

Yes No **Epilepsy**

Details _____

Yes No **Frequent Severe Headaches, Nose Bleeds, Vomiting or Fainting**

Date and severity of last episode _____

Yes No My child is or has recently been under the **care of a psychologist/psychiatrist.**

Details _____

Yes No **Difficulties with any of the following:** Mobility Speech Hearing Vision

Details _____

Year of most recent tetanus shot _____ If unknown, is tetanus immunization current? Yes No

Describe any activity limitation(s) your child will require _____

My child is not permitted to eat: Red Meat Pork Poultry Seafood Eggs Dairy Products

Peanuts Tree Nuts Other, details _____

Please provide any additional information about your child's overall physical, emotional, and/or behavioral aspects that would assist us in caring for her if necessary.

I certify that this information is accurate and complete as of the signature date and I agree to provide updated information should my child's health or medication(s) change prior to the program beginning.

Parent/Legal Guardian Name (print)

Parent/Legal Guardian Signature

Date

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