



Audubon Canyon Ranch

CSI 2019: Conservation Science Intensive

<https://www.egret.org/conservation-science-intensive>

July 8-12, 2019

Arrival - 10 AM on Monday July 8; Departure - 3 PM on Friday, July 12

Location: Martin Griffin Preserve, 4900 Shoreline Highway 1, Stinson Beach, CA 94970

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 in western Marin County, California. This 5-day residential program is designed to inspire young women to develop a stronger connection to nature while learning about and practicing land conservation and stewardship. It will deepen their appreciation of the complexity and interconnectedness of natural systems. This experiential program will challenge participants physically, mentally, and emotionally as they work with and learn from highly-skilled female conservation biologists, ecologists, and educators, including ACR staff and professionals from the regional conservation community.

The program is based at the Martin Griffin Preserve on Bolinas Lagoon in Stinson Beach. The program includes day trips to two of ACR's preserves including the Cypress Grove Research Center and Toms Point on Tomales Bay, as well as various locations in and around Point Reyes National Seashore and Golden Gate National Recreation Area. While visiting and learning on these permanently protected natural lands, participants explore topics including: natural history, conservation, stewardship, leadership, outdoor skills, equity in science, and female models of collaboration and leadership.

Sample day

7:00 AM	Wake up & prep for day
8:00	Breakfast & pack lunch
9:00	Group check-in, overview of day's plan, gather gear & equipment
10:00	Morning activity, background, training in methods & techniques, project time
12:00	Lunch Break
12:40 PM	Afternoon activity, project time
3:30	Solo time/journaling
4:00	Group discussion
4:30	Clean & put away tools & equipment, debrief
5:00	Free time
6:00	Dinner
7:30	Evening program
10:00	Bedtime
10:30	Lights out

Sixteen young women will be selected to participate in the program. We welcome applicants from a variety of socioeconomic and cultural backgrounds, understanding that a diversity of life experiences in the group significantly enhances the experience of all participants. Demonstrated academic success is less important than a keen desire to participate and 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

Immediate submission is strongly recommended. Qualified applicants will be evaluated and accepted on a first-come, first-served basis. Applicants will be notified of admission, denial or waitlist status within two weeks of receipt of application.

We are accepting applications from young women, ages 14 to 17, who will be entering their sophomore, junior, or senior year in high school in the fall of 2019.

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

1. Concise typed responses to the following questions, with total responses limited to no more than one double-sided sheet of paper. (Single spaced paragraphs, 12 point font, ½ inch margins)
 - a. What attracts you to the CSI program?
 - b. What kinds of things do you do outside? What do you like about being outside?
 - c. What skills or strengths do you bring to a group?
 - d. What educational and/or professional goals do you have for yourself and how would selection for the CSI program help move you toward these goals?
 - e. Please include a copy of a current (within the last 12 months), local (to you) newspaper article, magazine article or podcast news story related to conservation, science or both, that interests and/or inspires you. In a few sentences, explain why you chose this piece. *For online newspaper or magazine articles, we recommend attaching a scanned copy of the article rather than an online link, as links may be removed from websites. Articles submitted by participants will be included in the reading anthology for the program.*
2. One Recommendation Form completed by a community leader (teacher, youth group leader, internship supervisor, etc. – no family members, please) addressing your qualifications for this program.
3. Health History & Emergency Treatment Form
4. Hold Harmless Waiver

Please submit a PDF of your application to: csi@egret.org

Or mail to:

CSI 2019
ACR Martin Griffin Preserve
PO Box 577
Stinson Beach, CA 94970

IMPORTANT

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

For more information: Julianne Bradbury at CSI@egret.org or 707-396-8832.

CSI 2019 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 in western Marin County, California. This 5-day summer residential program is designed to inspire young women to develop a stronger connection to nature while learning about and practicing land conservation and stewardship. The experience will deepen their appreciation of the complexity and interconnectedness of natural systems. This experiential program will challenge participants physically, mentally, and emotionally as they work with and learn from highly-skilled female conservation biologists, ecologists, and educators, including ACR staff and professionals from the regional conservation community.

Sixteen young women will be selected to participate in the program. We welcome applicants from a variety of socioeconomic and cultural backgrounds, understanding that a diversity of life experiences in the group significantly enhances the experience of all participants. **Demonstrated academic success is less important than a keen desire to participate and 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.

Please complete this recommendation form honestly and to the best of your ability. If you prefer to write a letter instead, please make sure to include all the information requested on the form.

DEADLINE: Immediate submission is strongly recommended. Qualified applicants will be evaluated and accepted on a first-come, first-served basis. Applicants will be notified of admission, denial or waitlist status within two weeks of receipt of application.

Please return the completed recommendation to the applicant in a signed-across-the-seal -envelope for inclusion in her packet, or email a PDF or Word attachment to csi@egret.org with the applicants name and "CSI applicant recommendation" in the subject line.



NAME OF CSI APPLICANT _____

Name of Recommender _____

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

Email _____ **Phone** _____

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

2. Please describe the applicant:
 - a. How is she outstanding compared to her peers?
 - b. What are her strengths?
 - c. How does she get along with peers and adults?

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

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

5. Please share anything else you feel that it would be helpful for us to know about the applicant.

CONFIDENTIAL 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, July 8-12, 2019. 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) _____

MARTIN GRIFFIN 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

Audubon Canyon Ranch, Martin Griffin Preserve

P.O. Box 557 • Stinson Beach • CA • 94970

Phone 707-396-8832. • Website: www.egret.org • E-mail: csi@egret.org



Audubon Canyon Ranch
CSI - Conservation Science Intensive
Parent/Guardian Informed Consent Release & Waiver Form

CHILD'S FULL LEGAL NAME _____

CANCELLATION POLICY Should I need to cancel my child's participation for any reason, I agree to provide Audubon Canyon Ranch (ACR) with advanced notice. Furthermore, I understand that neglecting to provide advanced notice may prevent my family from participating in ACR programs in the future.

ARRIVALS & DEPARTURES I understand my child is expected to arrive at 10:00 AM on Monday, July 8 and depart at 3:00 PM on Friday, July 12, 2019. I agree to arrange transportation for my child and acknowledge that ACR staff members should not be called on to provide extended childcare or supervision, should transportation be delayed. Should ACR staff decide to send my child home, I understand I am obliged to pick her up.

PARTICIPANT CONDUCT & BEHAVIOR EXPECTATIONS Audubon Canyon Ranch programs operate within the boundaries of safety, common sense and the law. I understand ACR reserves the right to terminate the participation of my child without a formal hearing or refund if the program staff in charge believes she has become a hindrance to the group or goals of the program or threatens the health and well-being of themselves, other participants, or staff.

ABILITY TO ENGAGE IN PROGRAM ACTIVITIES & ASSUMPTION OF THE RISK I understand that program activities (including hiking, field work, overnight camping, tide-pooling, etc.) can be physically strenuous and may involve some risk to participants and that Audubon Canyon Ranch takes precautions to reduce risk and provide safe, healthy, and enjoyable experiences. I warrant that my child is able to obey staff member's directions for all program activities. I acknowledge that participation in program activities involves some risk of personal injury and property damage. I allow my child to attend this program knowing of these risks and their possible consequences.

WAIVER & RELEASE OF LIABILITY As my child's parent or guardian, I agree that I will not hold Audubon Canyon Ranch, its employees, officers, directors, agents, contractors and volunteers liable for any personal injury, property damage, loss or insurance. I agree to release and hold harmless Audubon Canyon Ranch, its employees, officers, directors, agents, contractors and volunteers from all liability incurred as a result of my child's participation and that these terms serve as a release for myself and my family.

TRANSPORTATION I acknowledge that the Audubon Canyon Ranch program requires that children ride in a 15-passenger van and I give my permission for my child to be transported in such vehicles driven by ACR staff members.

PHOTOGRAPHS I hereby grant Audubon Canyon Ranch permission to use for publicity and promotional purposes any group or individual film, photograph or photo images taken of my child during the program.

MEDICATION I agree to list and describe dosage on the Health History Emergency Treatment Form for all prescription and non- prescription medications that I will be sending with my child. I understand that all medications including prescriptions, over-the-counter medication, vitamins, supplements, creams and lotions must arrive in the original container, that prescription medications must have current prescription labels attached and that Audubon Canyon Ranch staff members are legally required to administer the prescription and/or dosage as written.

INHALERS & EPIPENS If my child's physician has prescribed an asthma rescue inhaler and/or EpiPen, I agree to provide these for my child. I understand I must send all original packaging. I understand medications will be administered by the ACR staff member in charge. All unused medications will be returned to the adult who collects my child on final departure day.

I confirm that I am the parent/guardian of the minor listed above and I acknowledge, confirm and agree to the above.

Full Name of Parent/Guardian (printed)

Parent/Guardian Signature

Date