



**Harford Glen**  
***Environmental Education Center***  
502 West Wheel Road  
Bel Air, Maryland 21015  
Telephone (410) 638-3903  
Facsimile (410) 638-3907

December 17, 2018

Dear HCPS Student,

Harford Glen is in the process of enrolling high school sophomores, juniors, and seniors to assist fifth grade students and teachers during the upcoming **residential** outdoor education sessions. Please review the following considerations:

- ☉ Completed applications must be turned in to the Harford Glen contact person in your school (listed below) on or before **7:30 A.M. ON FRIDAY, JANUARY 4.**

AHS: Mrs. Runkle-Smith, Science  
BHS: Ms. McKinney, Counseling  
CMWHS: Mrs. Wheeler, Science

EHS: Ms. Hoy, Science  
FHS: Ms. Miller, Counseling  
HDGHS: Mr. Hillyer, Science  
HTHS: Mrs. Cullinan, Science

JHS: Ms. Woolford, Science  
NHHS: Mrs. O'Leary, Science  
PMHS: Ms. Smith, Counseling

- ☉ High school counselor volunteers and fifth grade students and teachers **will stay overnight** at Harford Glen. High school counselors will be responsible for transportation to Harford Glen on the first morning and last afternoon of their session.
- ☉ There are three-day and five-day sessions, so check the dates on the application carefully and circle all for which you are available.
- ☉ Applicants must be willing to fully participate in all aspects of the outdoor education program. Since the program is a division of HCPS, you will be marked present at school. Volunteer community service hours may be earned.
- ☉ Time is set aside for you each day to work on school assignments. Your teachers will provide you with classwork before you leave for your session. Do not turn in the application unless all current teachers have approved your participation. Consider graduation activities, assessment calendars, sports schedules, and job responsibilities when choosing your sessions.
- ☉ Carefully read the counselor policies on the Harford Glen website ([www.harfordglen.org](http://www.harfordglen.org)). Your signature and your parent's signature on the application indicate that you fully understand each policy. You are welcome to print the policies at school and take them home to discuss with a parent or guardian.
- ☉ Please do not apply unless you are sure you can fulfill this commitment. We cannot replace you if you cancel. You will be notified if you are selected, and for which session, as soon as possible.

If you have any questions about the program, please feel free to contact me at 410-638-3903 between 8:30 a.m. and 4:00 p.m. You are also welcome to e-mail me at [ruth.eisenhour@hcps.org](mailto:ruth.eisenhour@hcps.org).

Sincerely,

Ruth Eisenhour  
Teacher-in-Charge of Outdoor Education

# HARFORD GLEN COUNSELOR APPLICATION and PERMISSION FORM *Late Winter 2019*

*(Please print clearly and turn in completed form to the contact person in your school by Friday, January 4)*

Name: \_\_\_\_\_ School: \_\_\_\_\_

Were you a counselor at Harford Glen? \_\_\_\_\_ If so, when: \_\_\_\_\_

Circle the session(s) for which you are available and expect to be assigned to any session that you circle.  
If you are available for multiple sessions you will have a better chance of being selected.

|                              |                     |                       |                       |
|------------------------------|---------------------|-----------------------|-----------------------|
| <b>January 28-February 1</b> | <b>February 4-8</b> | <b>February 11-13</b> | <b>February 20-22</b> |
| <b>February 25-March 1</b>   | <b>March 4-8</b>    | <b>March 18-20</b>    | <b>March 25-29</b>    |

**Gender (circle):** Male Female                      **Class (circle)** Senior Junior Sophomore

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

E-mail address (print clearly): \_\_\_\_\_

**\*Harford Glen will contact you by text, phone, and email, so please be sure that this information is accurate and legible.**

Will you need to leave Harford Glen during your session? \_\_\_\_\_ If so, how many times? \_\_\_\_\_

What is your current GPA? \_\_\_\_\_ Your school counselor must sign below to indicate that he or she has checked your GPA and recommends you to be a trustworthy, responsible, respectful individual who will be an excellent role model for fifth grade students in a residential setting.

Printed name \_\_\_\_\_ Signature \_\_\_\_\_

*(School Counselors, please feel free to e-mail [ruth.eisenhour@hcps.org](mailto:ruth.eisenhour@hcps.org) with additional comments about this applicant)*

*The Harford Glen fifth grade residential outdoor education program is an integral part of Harford County Public Schools. High school counselor volunteers develop leadership, responsibility and other valuable life skills during their session. Applicants do not have to be exceptional students to participate as counselors. Students should not be denied the opportunity to participate in this program unless they are consistently struggling to be successful in their classes. All students must obtain approval from each of their teachers before turning in the completed application to the Harford Glen contact in their high school (listed on the other side). Teachers should consider attendance, behavior, effort, and performance when making their decisions.*

**I have discussed this leadership opportunity with all of my current teachers. I have read the counselor policies posted on the Harford Glen website ([www.harfordglen.org](http://www.harfordglen.org)) and I understand that there will be serious consequences if the rules are broken.**

Applicant signature \_\_\_\_\_

## PARENT/GUARDIAN PERMISSION

\_\_\_\_\_ has my permission to participate in the Harford County Public Schools Fifth Grade Outdoor Education Program at Harford Glen. I have read the counselor rules. I will ensure my child has transportation so he or she can arrive at Harford Glen by **8:00am on the first day** and depart at **2:00pm on the last day** of the assigned session.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you would like to receive texts, emails, and phone calls when your child is contacted about volunteering with this program, please provide your contact information below:

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ Email \_\_\_\_\_