



Junior Warden Weekend 2025 Application



The Junior Conservation Weekend (JWW) allows teens ages 15-17 to get hands on experience in the outdoors while learning the roles and responsibilities of Vermont's State Game Wardens.

Through participation in this program, teens will continue the mission of the Vermont Fish and Wildlife Department: the conservation of all fish, wildlife, plants, and their habitats for the people of Vermont.

The address and phone number for the main office is:

VT Fish & Wildlife Department
Attn: Hannah Phelps- Warden Weekend
1 National Life Dr., Davis 2
Montpelier, VT 05620 (802) 522-2925

Date of Application Submission & Acceptance

Your child's JWW application is considered **"submitted"** at the time you e-mailed/or paper application arrives at Fish & Wildlife Office. Applications must be reviewed by the department before they can be processed.

JWW applications are **"accepted"** by the date and time that an application is "Deemed Complete". An application can only be deemed complete after any incomplete/or unclear information has been corrected, and payment has been submitted.

A spot in JWW or on the waitlist will be held for one week from submission date to allow for submission of payment. A spot will not continue to be held after one week if payment has not been received.

Any questions regarding missing information or unclear information on a JWW application will be sent to the e-mail address for Parent/Guardian #1.

Weekend Cost:

The cost to attend the JWW is \$125.00 per teen. The weekend session begins at 10:00 on Saturday morning and runs through 4:00 on Sunday afternoon.

If Paying by Check: please mail to VT Fish & Wildlife address above. Be sure to put your child's first and last name in the memo section of your check.

If Paying by Credit Card: please email Hannah.Phelps@vermont.gov to request a link to pay online, or call 802-522-2925 to pay over the phone.

If your family needs financial assistance to attend this weekend, please contact Hannah Phelps to make arrangements with a sponsor.

Please e-mail your application to Hannah.Phelps@vermont.gov or mail it to the main office.

2025 Session Dates

July 19-20, 2025

Arrival: 10:00am Saturday

Departure: 4:00pm Sunday

Additional Details:

- This is a co-ed event.
- Participants are expected to eat breakfast prior to arrival on Saturday. All other meals will be provided through lunch on Sunday.
- If participants plan to drive themselves, they will be expected to provide all necessary paperwork and turn their keys over to a staff member for the duration of the weekend.
- All participants will be expected to keep their phones put away for the duration of the weekend.
- During the weekend, staff will be focused on spending time with the participants out of the office. If you need to contact JWW staff, please text or call Hannah Phelps at 802-522-2925.

This year, the weekend will take place at:

Buck Lake Green Mountain Conservation Camp

Physical Address:
1051 Buck Lake Road
Woodbury, VT 05681

Mailing Address:
PO Box 576
Hardwick, VT 05843

For questions about Junior Warden Weekend registration, call: 802-522-2925.

Participant Information:

First Name	MI	Last Name	Nick Name	Date of Birth (mm/dd/yyyy)
Mailing Address		City/Town	State	Zip Code

T-shirt size (adult sizes, please circle): XS S M L XL XXL

Method of Payment:

No Financial Assistance: _____

Outside Sponsoring Organization: _____

**Please contact Hannah Phelps if you are interested in this option.

I plan to:

Mail a check _____ Pay online with link _____ Pay over the phone _____

**Payment is due within one (1) week of submission

Parent/Guardian Information:

Parent/Guardian #1	Parent/Guardian #2 (optional)
Name:	Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Email Address:	Email Address:
Primary Phone: Can we text this number? Yes No	Primary Phone: Can we text this number? Yes No
Alternate Phone (Optional):	Alternate Phone (Optional):

Additional Phone Number Instructions:

If staff need to contact your during the camp week, we will first attempt to use the primary phone number(s) listed above. Please enter additional phone number(s) for us to use if we are unable to reach you at the number(s) for parent/guardian#1 & #2 above.

Enter the additional phone number(s) in the order that you would like us to use when attempting to contact you or an alternate person, with the first number below being your first-choice alternative number.

1) (_____) - _____ Phone Number (802)-111-1212	_____ Name	_____ Relationship to Camper
2) (_____) - _____ Phone Number (802)-111-1212	_____ Name	_____ Relationship to Camper

Does the participant need any special accommodations for social/behavioral/emotional/physical needs?

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Releases

Photo Release:

The Fish & Wildlife Department takes photographs of camp activities. These photographs may be used for educational purposes and/or to inform others about the program through the Fish & Wildlife website, press releases, and social media pages. A child's name will never be associated with their picture in any Department uses. The photographs taken during the weekend session will be made available through a Fish & Wildlife web page, accessible by password, to participants within the camp program so families can download any/all the photographs taken throughout the event. The web page will not be a secure site. Only those attending camp sessions will be provided the password necessary to access the web page specific to the program photos to minimize the opportunity for general public viewing.

Upon request, specific photographs of your child will be removed from the viewing website and not be utilized for any purpose.

Yes ☐ I authorize the photographing of my child while at JWW.

No ☐ I **do not authorize** the photographing of my child while at JWW.

Releases & Disclosures:

All of the following releases and disclosures must be agreed to or your child cannot enroll in the Junior Warden Weekend program. Please review each item carefully.

Parental Consent Form To Participate in Range Activities While at JWW

All participants are required to have their parent/guardian consent to their participation in any firearm range activities occurring at JWW. Please indicate your agreement by checking the box below. Refusing to consent will mean your child cannot enroll as a Junior Warden Weekend participant. If you have any concerns or questions, please contact the office.

I, legal parent/guardian, give consent for my child to participate in the live range activities during Junior Warden Weekend. I understand that participation in this program may expose my child or ward to the many risks associated with learning firearms safety. I understand that the activities will include, but not be limited to, risks associated with outdoor recreation; handling bows and arrows; handling .22 rifles and/or 20 gauge shotguns; and target shooting. I expressly assume these, and all risks associated with range activities at Junior Warden Weekend. I hereby release and forever discharge the State of Vermont, the Department of Fish & Wildlife, its agents, employees, volunteers, and other officers from all actions, causes of action, damage claims, demands or judgements, which my child, I, our heirs, executors, administrators, or assigns may have against the Department, its agents, employees and other officers, for all injuries, of whatever nature, including injuries to property, caused by or arising out of, the above described program.

☐ I have read and understand the information in the Parental Consent Release section of the Junior Warden Weekend Application. I understand the potential risks involved with participating in range activities, and I hereby give my consent for my child to participate in these activities during JWW.

(Failure to give consent means that your child will not be allowed to attend JWW)

Parent/Guardian Signature

Date

Medical Permissions

APPROVAL FOR MEDICAL TREATMENT

I give permission for my child to participate in the Junior Warden Weekend program and in the event of sickness or injury; I give permission for my child to be treated by a doctor or hospital at my expense.

(Failure to give consent means that your child will not be allowed to attend JWW)

Parent/Guardian Signature

Date

PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATIONS

I give permission for my child to be given over the counter medications (such as but not limited to: Tylenol, Advil, Ibuprofen, Pepto Bismol, Benadryl etc.) in the event that they need such medications while attending Junior Warden Weekend.

Yes ☐ I authorize the JWW staff to administer over the counter medications to my child while at JWW.

No ☐ I **do not authorize** the JWW staff to administer over the counter medications to my child.

Parent/Guardian Signature

Date

Code of Conduct

- 1) I will not leave the camp area except with an instructor, parent, or sponsor.
- 2) I will swim only at scheduled times and under supervision.
- 3) I will not possess cigarettes, tobacco of any kind, marijuana, vaping products, alcohol or other illegal drugs
- 4) I will be courteous, neat, and clean, and observe customary table manners
- 5) I will not use name calling, put downs, or obscene language or gestures. This includes any language that negatively comments on someone's race, religion, creed, color, national origin, ancestry, place of birth, disability, sex, sexual orientation, or gender identity.
- 6) I will not abuse camp property or equipment
- 7) I will attend all scheduled activities and abide by all other rules of conduct explained to me at camp.
- 8) I will respect other people's feelings, bodies, and property.
- 9) I will not be involved in violence of any kind, including bullying, fighting with or threatening anyone.

****REFUNDS ARE NOT ISSUED IF A CHILD IS DISMISSED FROM JWW FOR A VIOLATION OF THE CODE OF CONDUCT.**

☐ Yes, my child has agreed to and understands the code of conduct.

Safety Checks at JWW

JWW staff may search a camper's belongings if there is good reason to believe the camper is in possession of illegal, unsafe, or stolen items. This includes but is not limited to prescription or over the counter medication not turned in to our medical staff, alcohol, marijuana or other illegal drugs in any form, and any items used to harm themselves or others. Unless there is an immediate safety concern, camp staff will attempt to contact parents/guardians before any search is conducted. Any items on camp property, including locked luggage, may be searched. Recovered medications will be turned over to the medical staff for the remainder of the session. Illegal items will be disposed of properly. Any other contraband recovered will be held in the office for the remainder of the session and returned in the camper's graduation packet at the end of the week. If any items are confiscated, camp staff will reach out to the parents to inform them of the circumstances. Staff will never touch a camper in an attempt to search their clothes or body.

*** I understand that my camper may not be in possession of any medication, illegal substances, or other prohibited items on the packing list. I further understand that JWW staff may search for and recover these items should there be good reason to believe such items are present.

Yes _____ (please initial)

Disclosures and Reminders

I understand that the age limit for a JWW participant is 15 through 17 years old. Children must reach their 15th birthday before or during the weekend they are at camp. NO EXCEPTIONS WILL BE MADE.

I understand that a payment of \$125, or a sponsorship agreement form for that amount, must be submitting within one (1) week of application submission. After one week, a spot in the session or on the waiting list will **not** be held for my child.

I understand all participants of the weekend session will participate in range activities, among their other camp activities. There is no alternate curriculum.

I understand that my child must have a complete physical examination within the previous two years of the weekend session chosen.

I understand it is my responsibility to complete the Parental page(s) of the Medical Certificate and that my child's doctor must complete and sign the Physician's page. I further understand it is my responsibility to send the completed medical certificate, and a photocopy of my child's medical insurance card via email to Hannah.Phelps@vermont.gov or via mail to the main office, or bring these with me to participants drop off. Any questions or concerns about this can be directed to Hannah Phelps at 802-522-2925.

I understand that I, the parent or guardian, is responsible for health insurance and all bills associated with a camper's stay. JWW HAS NO HEALTH / MEDICAL INSURANCE COVERAGE FOR CAMPERS.

I understand that no refund will be issued, and/or that parents will be billed for tuition cost unless WRITTEN notice that the camper will not attend has been received in our office TWO (2) WEEKS in advance of the participant's session. An e-mail sent two weeks prior is considered written notice.

I understand that all refunds will be done after the weekend has ended, even if my child is placed on a waiting list and is unable to attend. I also understand that my check will be deposited, or my credit card will be charged even if my child is placed on a waiting list. If I do not wish to keep my child on a waiting list, I will contact Hannah Phelps, Camp Coordinator and submit a WRITTEN request so that a refund can be made back to me.

I understand that if my child is being sponsored by an outside organization and who further does not attend camp without giving a 2 week notice prior to the start of the session date that I will be billed for the amount of the sponsorship.

If an application is incomplete, an e-mail will be sent to a parental e-mail address requesting the missing information. Failure to respond to this email in a timely manner may delay your child's application and could jeopardize the chance of getting into the session.

☐ I have read, understood, and agreed to the disclosures and reminders.

Parent/Guardian Signature

Date

TO BE COMPLETED BY PARENT/GUARDIAN



Junior Warden Weekend Medical Certificate

All medical information is kept confidential, and shredded at the end of each camp season.
Providing complete information allows our camp staff to fully meet the needs of your child.

Participant Information:

Participant Name: _____
Parent/Guardian Name(s) _____
Participant Age _____ Date of Birth _____
Home Phone (Day) _____ (Evening) _____
Work Phone: (Parent/Guardian 1) _____ (Parent/Guardian 2) _____
Cell Phone: (Parent/Guardian 1) _____ (Parent/Guardian 2) _____

Emergency Contact Information:

(This Must Be Someone Other Than a Parent)

Name: _____
Address _____
Phone (Day) _____
Phone (Evening) _____
Phone (Cell) _____

Physician Information:

Name: _____
Practice Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Medical Insurance Information:

Name of Medical Insurance Carrier: _____

Group Number: _____ ID Number: _____

Medicaid Number (if applicable): _____

- ☐ I understand that as parent/legal guardian, that I am responsible for health insurance/coverage for my child while attending JWW.
- ☐ By checking this box, I give my permission for my child to participate in the Warden Weekend and in the event of sickness or injury; I give my permission for my child to be treated by a doctor or hospital at my expense.

Parent/Guardian Signature: _____ **Date:** _____

*If a medical emergency were to arise this would be the form that would be provided to medical personnel by GMCC staff.

TO BE COMPLETED BY PHYSICIAN

Participant Name: _____

Exact date of last physical: _____ (mm/dd/yy). Last physical (must be within previous 2 years of date of weekend session).

Allergies ☐ Yes ☐ No

If "Yes" Please check all boxes that apply

		Medication Taken	Dosage	When Taken
Seasonal	<input type="checkbox"/>			
Animal Dander	<input type="checkbox"/>			
Penicillin	<input type="checkbox"/>			
Amoxicillin	<input type="checkbox"/>			
Sufla Drugs	<input type="checkbox"/>			
	<input type="checkbox"/>			

Dietary Needs and/or Restrictions ☐ Yes ☐ No

If "Yes" Please check all boxes that apply

Gluten Free Required	<input type="checkbox"/>			
Lactose Intolerant	<input type="checkbox"/>			
Peanut Allergy	<input type="checkbox"/>			
Shell Fish Allergy	<input type="checkbox"/>			
	<input type="checkbox"/>			

Existing Medical Conditions ☐ Yes ☐ No

If "Yes" Please Complete below

		Medication Taken	Dosage	When Taken
Asthma	<input type="checkbox"/>			
Epilepsy	<input type="checkbox"/>			
Diabetic	<input type="checkbox"/>			
	<input type="checkbox"/>			

Other pertinent medical information: _____

Physician Signature: _____ Date: _____

Reminders:

1. Send this form in with your application or email it at a later time to Hannah.Phelps@vermont.gov. It must be submitted by July 18, 2025 or brought to camp with the participant. Participants will not be allowed to attend the weekend without submitting the completed form due to liability.
2. It is strongly preferred that you use the JWW Medical Certificate form instead of one provided by your physician.
3. Participants must have been examined within the last two (2) years prior to the date they are attending camp.

Junior Warden Weekend Application Checklist:

These documents MUST be submitted in order for an application to be processed:

- ☐ Participant Information Form
- ☐ Form of Payment (sponsorship agreement form, enclosed check or arrangement for credit card payment)
- ☐ Parent Medical Form
- ☐ Photo and Range Activity Release Agreement
- ☐ Medical Permissions and Code of Conduct
- ☐ Disclosures and Reminders Agreement

These documents must be submitted upon arrival at camp at the latest* in order for your child to attend JWW:

- ☐ Physician Medical Form
- ☐ Copy of insurance card

*These documents can be scanned or mailed to Hannah Phelps ahead of time if you would prefer not to manage paperwork at check-in.

Applications and supporting documents should be submitted to Hannah Phelps.

Email: Hannah.Phelps@vermont.gov

Phone: 802-522-2925

Mailing Address:

Vermont Fish & Wildlife Department
Attn: Hannah Phelps
1 National Life Drive, Davis 2
Montpelier, VT 05620

Junior Warden Weekend Additional Information

What to Bring

During the weekend, participants will be sleeping in cabins with twin-sized bunk beds. Participants should plan for a variety of weather conditions, including hot, sunny days and rain. If you have any questions or concerns regarding gear, please reach out to Hannah.Phelps@vermont.gov or 802-522-2925.

Required Gear:

- ☐ Sleeping bag and pillow
- ☐ Water bottle
- ☐ Headlamp or flashlight with fresh batteries
- ☐ Toilet articles (soap, toothbrush, toothpaste, etc.)
- ☐ Change of clothes
- ☐ 1 pair of hiking boots or sneakers
- ☐ Hat or cap
- ☐ Warm layers (jacket, sweatshirt, etc.)
- ☐ Rain gear (weather dependent)
- ☐ Any missing paperwork (medical, insurance card, etc.)

Optional Gear:

- ☐ Insect repellent (non-aerosol)
- ☐ Sunscreen
- ☐ Sandals/camp shoes
- ☐ Personal fishing gear
- ☐ Fitted twin-sized sheet (helpful for mattresses)
- ☐ Bathing suit/towel for swim
- ☐ Instruments/activities for campfire

- ☐ Cells phones are permitted to accompany the participant but should be turned off, put away, and not in use for the duration of the weekend.

ALL CLOTHING AND EQUIPMENT SHOULD BE PLAINLY MARKED WITH THE PARTICIPANT'S FIRST AND LAST NAME

Do Not Bring:

- ~ Firearms / Ammunition
- ~ Hatchet / axes / knives
- ~ Tobacco: Smoke / Smokeless/ Vaporizers
- ~ Alcohol or drugs
- ~ Illegal Drugs / Marijuana,
- ~ Hair Dryers
- ~ Candy or food

Activities

Participants and their families can expect the following activities to take place at JWW and should pack accordingly:

- Short Hikes
- Swimming
- Canoeing
- Crime Scene Investigation
- K-9 Unit demonstration
- Survival
- Fishing
- Biology
- Ranges