

CAMP OPEN ARMS 2009: July 6-17
COUNSELOR APPLICATION

CONFIDENTIAL INFORMATION
Minimum age requirement is 16 years
(July 6, 2009)

1. Name _____ DOB ___/___/___ Sex M or F **Shirt size** _____
 Address _____ City _____
 State _____ Zip _____ Phone() _____

2. Who should we notify in case of an emergency: (Please give two names)
 Name: _____ Phone: () _____
 Name: _____ Phone: () _____

3. Please attach two written letters of recommendation from a person not related to you.
 4. Briefly describe your experience with children. (age groups, organizations, education, leadership, etc.)

5. Have you previously been convicted of a felony or misdemeanor? Yes or No
 If yes, please indicate on a separate sheet of paper the convictions, dates, and circumstances.

6. Have you ever been arrested for child abuse or a sexual offense? Yes or No
 "I hereby authorize the appropriate police agencies to release information on any file record in my name pertaining to child physical or sexual abuse."

_____ (Signature of applicant) _____ Date

7. What interest or skills could you bring to Camp Open Arms?

8. How did you hear about camp? _____

***IMPORTANT* - Other skills - Copy of CURRENT certification card must be enclosed with this application form:**

	Check Box if applicable	Card Expiration Date
Standard First Aid	<input type="checkbox"/>	___/___/___
Community First Aid and CPR	<input type="checkbox"/>	___/___/___
Basic Life Support course in CPR	<input type="checkbox"/>	___/___/___
Responding to Emergencies	<input type="checkbox"/>	___/___/___
Water Safety Instructor	<input type="checkbox"/>	___/___/___
Advance Lifesaving and Water Safety	<input type="checkbox"/>	___/___/___
Lifeguard Certification	<input type="checkbox"/>	___/___/___
First Responder	<input type="checkbox"/>	___/___/___
Emergency Medical Technician	<input type="checkbox"/>	___/___/___
Other - explain: _____		

COUNSELOR HEALTH HISTORY

Important: Please indicate if you have been exposed to any communicable disease during three weeks prior to camp attendance. **(Especially Chicken Pox or Shingles – If exposed you CANNOT attend camp.)**

New York State Department of Health requires that all health information be completed to the best of your knowledge. We are required to have this information on hand in case of an emergency. Thank you.

IMMUNIZATION HISTORY:

Please record the date (month and year) of the following immunizations.

MUST HAVE APPROPRIATE DATE BEFORE APPLICATION CAN BE PROCESSED

1. Most recent Tetanus: Date_____

2. Most recent Tuberculin: Date_____

Name of Physician_____ Phone _____

Name of Dentist_____ Phone _____

Medical/Hospital insurance carrier and policy or group number

Current Medications_____

Physical Handicap_____

Food/Drug Allergies (please list)_____

IN THE EVENT OF AN EMERGENCY:

I hereby give permission to the physician/nurse practitioner selected by the Camp Health Director to order X-rays, routine tests, and treatment, and to hospitalize, secure proper treatment, and to order injection and/or anesthesia and/or surgery for me.

Signature of Applicant_____ Date_____

PLEASE CIRCLE DATES YOU WILL BE AVAILABLE TO HELP AT CAMP:

First Week

July 6, 7, 8, 9, 10,

8:30 a.m. to 3:00 p.m.

Second Week

July 13, 14, 15, 16, 17

**NEW COUNSELORS WILL BE CONTACTED FOR AN INTERVIEW
& JUNE TRAINING SESSION.**

MAIL IN DEADLINE May 19, 2008

**RETURN TO: Gilda's Club/Cancer Action, Inc.
Attn: Mary Casselman
255 Alexander Street
Rochester, NY 14607**