



# 2010 Camp Fire USA Day Camp Junior Staff Application & Service Agreement

RECEIVED:

(For staff under the age of 18 as of the first day of the first session of camp.)

**DIRECTIONS:** Complete all sections on both sides of this application. The back must be signed by you and your parent/guardian.  
Mail the completed application to: Camp Fire USA, 4241 21st Ave W, Suite 200, Seattle, WA 98199  
All staff and volunteers must complete a background reference check.

Name \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Gender:  Boy  Girl Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/day/yr)

Address \_\_\_\_\_

Age this summer \_\_\_\_\_ Grade in fall 2010 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

School attending in fall \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Home E-mail Address \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

### Parent/Guardian 1 (Primary):

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
*(Supply address and home phone if different than Jr. Staff member)*

### Parent/Guardian 2:

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
*(Supply address and home phone if different from Jr. Staff member)*

## LOCAL EMERGENCY CONTACTS

*Authorized to act on behalf of parent(s) if they cannot be reached.*

Name 1 : \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name 2 : \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## BASIC HEALTH INFORMATION

*Please attach a note with any other information that will help us serve your youth.*

Date of last DTaP/DTP/DT/Td: Year \_\_\_\_\_ Current Immunizations (measles, polio, DPT)?  Yes  No

Doctor's Name \_\_\_\_\_ Doctor's Phone (\_\_\_\_\_) \_\_\_\_\_ Child's Current Weight \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder \_\_\_\_\_ Group # \_\_\_\_\_

Have you ever been diagnosed with any of the following:

- ADD  Asthma  Diabetes  Hearing-Impaired  Physical impairments or mobility limitations
- ADHD  Blind  Epilepsy or Seizures  Hyperactive  Speech/Language Impairments  None

Allergies (list all allergies plus reaction and treatment): \_\_\_\_\_

Medications(list all):	Name of Medication	Dosage	Purpose	Effect

Describe any special needs, chronic illness, recent operations or injuries, health or emotional issues which might affect participation in regular camp activities:

Describe past medical treatment, if any: \_\_\_\_\_

List all activities youth should not participate in: \_\_\_\_\_

## DEMOGRAPHICS (optional)

*Completing this information below correctly helps Camp Fire USA seek & receive funding from the community. Camp Fire USA activities are open to all without regard to race, gender, creed, national origin, sexual orientation, economic status, or mental or physical disabilities.*

Number in Family \_\_\_\_\_

### Status of Head of Household:

- Married (two parent)
- Single Parent  Guardianship
- Partnership  Foster Parent

### Household Income:

- Under 15,000  \$45,001-\$55,000  \$150,001-\$200,000
- \$15,001-\$25,000  \$55,001-\$75,000  Over \$200,000
- \$25,001-\$35,000  \$75,001-\$100,000
- \$35,001-\$45,000  \$100,001-\$150,000

Ethnicity \_\_\_\_\_  
Latino/Latino/Hispanic?  Yes  No

Immigrant or Refugee from (country) \_\_\_\_\_

**OVER -- Both sides of form must be completed**

**ENROLLMENT**

Day Camp(s) for which you are applying: \_\_\_\_\_

Grades/Ages with whom you *have* worked: PreK K 1-2 3-5 6-8 Specialist \_\_\_\_\_

Grades/Ages with whom you *would like* to work: PreK K 1-2 3-5 6-8 Specialist \_\_\_\_\_  
 I have no Grade/Age preference.

If an overnight stay is part of the program, I *will* stay overnight with my group. Yes No

<b>Office Use Only</b>	
ID # _____	_____
Pay Type: ck ca cs cc cr	_____
_____ Amount:\$ _____ # _____	_____
_____ Amount:\$ _____ # _____	_____
Revised 1/10	

**EXPERIENCE**

Have you worked as Junior Staff at Day Camp before? No Yes at \_\_\_\_\_ Day Camp for \_\_\_\_\_ summers.

Camping Experience (Years Completed): Circle years attended at Day Camp 94 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09

**First Aid Training** (Check those completed)

Day Camper \_\_\_\_\_ Name of camp(s) \_\_\_\_\_

First Aid Expiration Date \_\_\_\_\_

Camp Sealth \_\_\_\_\_ Other resident camp \_\_\_\_\_

CPR Expiration Date \_\_\_\_\_

Group Camping \_\_\_\_\_ Other (explain) \_\_\_\_\_

**Relevant Training** (Check those completed) Babysitters Training Special Sitters Training Leader Training

Other (List trainings you have completed through school, work, etc. in the 12 months prior to camp.) \_\_\_\_\_

**I can Teach or Lead** (Check all that apply)

- Active Games
- Dramatics
- Folk Dancing
- Nature Lore
- Outdoor Cooking
- Songs
- Other \_\_\_\_\_
- Crafts
- Fire Building & Safety
- Knots
- Orienteering/Compasses
- Quiet Games
- Story Telling
- Other \_\_\_\_\_

**PAYMENT INFORMATION**

If you are not a Camp Fire USA member for school year 2009-2010, enclose \$20 membership fee.

- Tax-Deductible campership donation of \$ \_\_\_\_\_ enclosed. *Thank you for helping send a low-income youth to camp!*
- Please send me a financial aid form.
- Check/Money Order \$ \_\_\_\_\_ (payable to Camp Fire USA)
- Candy Currency (CPSC only) \$ \_\_\_\_\_
- Gift Certificate \$ \_\_\_\_\_
- Charge \$ \_\_\_\_\_ to my Master Card / Visa Card

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name of Card Holder (please print) \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

**SERVICE AGREEMENT FOR ALL JUNIOR STAFF- Read carefully and sign below:**

- I agree** to carry out the responsibilities of my position, as described in my job description, to the very best of my abilities.
- I agree** to participate in all day camp activities, as assigned by the camp director, to the very best of my abilities.
- I agree** to model for youth and adults the Camp Fire USA philosophy of good citizenship and abide by the policies and standards of Camp Fire USA.
- I agree** to attend all training sessions, to be on time and to be present during the entire training session.
- I agree** to the **5-DAY COMMITMENT** of Day Camp, to be on time and be present for the entire day.
- I agree** to notify the Camp Director immediately if, for any reason, I find that I am unable to carry out my responsibilities at Day Camp.

**JR. STAFF APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION** In order to participate in Day Camp projects and activities, junior staff volunteers must have your written permission. **Read carefully and sign below:**

My child (or ward) has permission to participate in the camp activities and trips during the session(s) and program(s) for which he/she is enrolled. I understand that camp activities have inherent risks and that reasonable measures will be taken to safeguard the health and safety of all participants. I will assure that my child is properly prepared for all activities including having proper clothing and equipment, being in good health and willing and able to participate in camp activities, and willing and able to abide by camp policies and follow directions of camp personnel. I understand that I will be notified as soon as possible in case of any emergency, unusual illness or injury affecting my child, or if my child is not well or is unable to function in camp. In the event I cannot be reached, I hereby authorize the alternate contact people to act on my behalf, and authorize the camp to contact a physician to provide whatever medical or surgical treatment is necessary. I accept responsibility for the cost of such medical treatments. I will turn in to the camp health staff any medications, in the original containers, with the child's name on them and with directions for use. I have provided a complete picture of my child's physical, emotional and mental health, including all medications, on this registration form. In the event that my child is photographed, filmed or recorded while participating in Day Camp, Camp Fire USA may use the photo, film or recording for publicity, promotional or instructional purposes. I will assure that my child will not bring valuables, money, electronic items, weapons, alcohol or illegal drugs to camp. I will monitor my child's use and distribution of any photos taken at camp to assure that they are not used inappropriately nor posted on the Internet.

**I hereby give permission** to the medical personnel selected by the Day Camp Site Director to provide appropriate routine and emergency care for my child and to dispense medications, including the following over the counter medications:

- 1% Hydrocortisone
- Ibuprofen
- Low Level DEET Insect Repellent
- PABA-Free Sunscreen SPF 15/35
- Antibiotic Ointment
- Benadryl
- Tylenol
- Tums/7-up
- For anaphylaxis (life threatening emergency): Epinephrine
- Saline Eye Solution
- Throat Lozenge
- Chloraseptic
- Calamine Lotion
- Skin Moisturizer

Dosages will be administered according to the directions on the bottle/package unless a physician directs otherwise.

Please note any of the above medications your child is **ALLERGIC** to or should not have: \_\_\_\_\_

**In case of medical emergency, after every reasonable effort has been made to contact me, the family physician or one of the contacts listed on this form:** I hereby give permission to the physician selected by the Day Camp Site Director to secure and administer treatment, including hospitalization, for the child named above, and agree to have the Day Camp Site Director arrange necessary related transportation for my child, and agree to be responsible for expenses incurred in these measures.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_