

STAFF APPLICATION

Saturday July 25th – Saturday August 1st, 2020

Please return by May 15th ! Please print in pen.



Full Legal Name: _____

Home address: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

EMERGENCY CONTACTS (while you're at camp):

Name: _____ Phone: _____

Name: _____ Phone: _____

Driver's License - State: _____ License #: _____ Class: _____ Expiration Date: _____

Employer: _____ Position: _____

CERTIFIED TRAINING: (First Aid, CPR, etc.) Please attach copies of each certification.

*Assignment - 1st Choice: _____

*Assignment - 2nd Choice: _____

** Every effort will be made to give you the assignment that you prefer, however you may be asked to take a different assignment.*

Will you be at camp all week? Yes ___ No ___ If not, what days can you attend? _____

► Shirt Size (check one):

Small: _____ Medium: _____ Large: _____ X-Large: _____ 2X: _____ Other: _____

Will you be **unavoidably late** to Orientation on Saturday? Yes: _____ No: _____

If "Yes" when will you arrive? _____

Are there any special accommodations (diet, mobility) you need: _____

Mandatory Criminal Record & Sex Offender Check

A.) Have you ever been **arrested** for any crime?

NO: _____ YES: _____ (If "Yes" you must attach a letter explaining the details.)

B.) Have you ever been **convicted** of any crime?

NO: _____ YES: _____ (If "Yes" you must CALL immediately.)

C.) Have you ever been investigated for any **sex offense** or sex related crime?

NO: _____ YES: _____ (If "Yes" you must CALL immediately.)

(1) I understand the information on this application is required to verify my eligibility for camp. This information won't be given to others except when required by law; in that event I will be notified. I certify this information is true, and I authorize Camp High Hopes to investigate me as necessary.

(2) I understand in asking to be part of camp I will be assigned specific responsibilities and given set rules to follow. I agree to fulfill my responsibilities as assigned, and adhere at all times to the rules set forth in the camp manual as well as the directives of the Camp Directors, the Infirmary Staff, and other supervisors.

(3) I give permission for pictures/audios made of myself to publicize camp. No identifying information other than a first name will be used unless I sign a separate release form.

Signature: _____ Date: _____

**1) Read everything before you sign.
2) Complete the entire medical form.
Please return your application by May 15th.**

<u>FOR CAMP DIRECTOR USE:</u>		
<u>Criminal Record Check:</u>	Date: _____	By: _____ Via: _____
Notes: _____		
<u>Sex Offender Registry Check:</u>	Date: _____	By: _____ Via: _____
Notes: _____		