

CAMP HIGH HOPES

Box 11038
Syracuse, NY 13218

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Returning Staff - Aug. 14th to Aug. 21st, 2010

Print neatly in pen.

Due by June 25th!

▶ Full name: _____

▶ Date of Birth: _____ ▶ Social Security #: _____

▶ Home Phone: _____

▶ Home address: _____

▶ E-Mail: _____

▶ EMERGENCY CONTACTS (while you're at camp):

Name: _____ Phone: _____

Name: _____ Phone: _____

▶ Drivers License-State: _____ # _____ Class: _____ Expires: _____

▶ Employer: _____

Position: _____

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

▶ Assignment - 1st choice: _____

▶ Assignment - 2nd choice: _____

▶ Will you be at camp all week? Yes _____ No _____

If not, what 4 days & 3 nights? _____

▶ Shirt Size (check one):

Small _____ Medium _____ Large _____ X-Large _____ 2X _____ 3X _____

► Will you be **unavoidably** late to Orientation on Saturday? Yes _____ No _____
When will you arrive? _____

► 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" 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)

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

- 1) I understand this information is needed to verify my eligibility for camp. It 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 Director, the Infirmary Staff, and other supervisors.

Signature: _____ Date: _____

- 1) Read everything before you sign.
- 2) Complete the entire medical form.

Applications must be in by June 25th!