



CAMP DREAM

Counselor Application

Attach
Photo
Here

Must be fully completed before Counselor is confirmed.

PLEASE PRINT OR TYPE

Social Security Number: _____ Date of Birth _____

IDENTIFYING INFORMATION:

Last Name First Name Name Called Sex Age
Race

Counselor's Address County Email Address:

City State Zip Home Phone

EMPLOYER: _____ WORK PHONE: _____

SPOUSE'S NAME:
.

HOME PHONE: _____ WORK PHONE: _____

PHYSICIAN'S NAME: _____ PHONE: (____) _____

PHYSICIAN'S ADDRESS:
.

INSURANCE COMPANY: _____ POLICY: _____

Emergency contact other than above that can provide care for Counselor:

Name Address City State
Zip

Day Phone _____ Night Phone _____ Beeper # _____

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Have you ever been a counselor before? _____ Where? _____ When? _____
How did you learn about Camp Dream? _____
Has counselor ever camped before? _____ Where? _____ When? _____
Has the Counselor ever been on a boat or canoe of any kind? _____
What size T-shirt does the Counselor wear? _____

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING MEDICAL/HEALTH PROBLEMS?

_____ ALLERGIES

_____ ASTHMA

_____ SEIZURES

_____ DRUG ALLERGIES

_____ HEART DISEASE

_____ OTHER

_____ HIGH BLOOD
PRESSURE

_____ DIABETES

If yes to any of the above, please specify!

PLEASE ENCLOSE ANY PERTINENT HEALTH/MEDICAL INFORMATION FROM YOUR PHYSICIAN.

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? _____ YES _____ NO

IF YES, PLEASE LIST

DATE OF TETANUS SHOT WITHIN LAST 10 YEARS

INTEREST SURVEY:(HAVE DONE: + CAN LEAD)

_____ HIKING

_____ SOFTBALL

_____ SING-ALONGS

_____ CAMPFIRE ACTIVITIES

_____ BADMINTON FITNESS

_____ ARTS & CRAFTS

_____ FISHING

_____ CROQUET

_____ CANOEING

_____ CAMPFIRE COOKING

_____ ROPES COURSE

_____ BOARD GAMES

_____ VOLLEYBALL

_____ FLOOR
SHUFFLEBOARD

OTHERS:

_____ FOOTBALL

_____ STUNTS & SKITS

_____ BASKETBALL

_____ SWIMMING

MUST HAVE CURRENT FIRST AID & CPR CERTIFICATION. PLEASE SEND COPY OF CERTIFICATION CARDS.

LIST OTHER CERTIFICATIONS AND SEND COPIES(i.e. Lifeguard Training. WSI. etc.)

DATE RECEIVED

DATE EXPIRES:

LIABILITY:

I hereby acknowledge that the information that I have provided above is valid and accurate. In addition, I am assuming the responsibility as a primary care-giver for clients assigned to me for the duration of the camping experience. I also assume all risks and hazards incidental; to the conduct of the activities. I do further release, absolve, indemnify, and hold harmless the Roosevelt Warm Springs institute for Rehabilitation and Camp Dream. In case of injury to myself, I hereby waive all claims against RWSIF and Camp Dream.

Signature

Date