

Adult Leader Application & Health Information Form

Camp Name and Dates

Send or deliver completed application form to Camp Director  
Appropriate Address, Telephone Number

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (h): \_\_\_\_\_ PHONE ©: \_\_\_\_\_ email: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References: 1) \_\_\_\_\_  
2) \_\_\_\_\_

Additional Information:

Why would you like to participate in our camp? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Our camp will be a Christian Camp. In what way do you feel you can make a contribution to the Christian community that is to be maintained throughout camp?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that leadership positions have honorariums with meals and lodging provided. Leadership positions are subject to the approval of the Camp Director and The Rock Lake United Church Camp Society.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

NOTE: Please complete reverse side for Medical Information.

Medical Information:

Family Name (please print)	First Name (please print)
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Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

B.C. or Alberta Health Care Card No: \_\_\_\_\_

Are you presently under the care of a physician or receiving medical attention?    Yes     No

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Please list all known allergies (food, medication, bee stings, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any food restrictions: \_\_\_\_\_  
\_\_\_\_\_

Do you or have you had?  
Rheumatic Fever     Diabetes     Asthma     Epilepsy

Will you permit the Camp Nurse to administer light remedies, such as Tylenol, cough syrup, etc?:  
Yes     No

Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that leadership positions have honorariums with meals and lodging provided. Leadership positions are subject to the approval of the Camp Director and The Rock Lake United Church Camp Society. Further this is my permission for the Official-in-Charge or his/her designate to obtain the necessary surgical or medical attention in the event of serious illness or injury.

\_\_\_\_\_  
Signature of Applicant Date

NOTE: Please complete reverse side for Cabin Leader Personal Information.