

T-shirt size _____

HEMOPHILIA FOUNDATION & PUGET SOUND BLOOD CENTER
CAMP I-VY COUNSELOR APPLICATION

NAME _____ AGE _____ BIRTHDATE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (day) _____ (evening) _____

E-MAIL ADDRESS _____

SSN#: _____ DRIVER LIC#: _____

SCHOOL ATTENDING _____ GRADE LEVEL _____

ADDRESS (if different from above) _____

EMPLOYER _____ PHONE _____

POSITION DESIRED (check choice)

COUNSELOR KITCHEN STAFF WATERFRONT STAFF DAYCARE

PREFERABLE AGES 1. _____ 2. _____

CURRENTLY CPR CERTIFIED YES NO Date _____

List any other volunteer or paid positions you have had working with children (including age level):

Explain how your experience as a Camp Counselor might be meaningful to you.

If you had to choose one ingredient necessary to make a camp successful, what would that ingredient be?

What unique qualities or skills do you have that you can offer to a camp situation?

REFERENCE (not related to you)

Name _____ Phone _____

Address _____

Occupation _____

EMERGENCY CONTACT

Name _____ Phone _____

Address _____

Relationship _____

MEDICAL COVERAGE INFORMATION

I certify that _____ has the following medical coverage
_____; that payment for the costs of medical care and any
disability arising from accidents or sickness will be provided by this insurance and that coverage will be in force
during this Camp session.

Signature Date

GENERAL STATEMENT

I understand the risks involved in participating in the CAMP I-VY program. I understand the hazards of exposure to the sun, heat, cold, rain, water, uneven terrain, and the general wilderness environment. I will not hold the Hemophilia Foundation of Washington liable for any injury possibly sustained from participation in activities held at CAMP I-VY.

Any pictures or videos taken at Camp of me may be used in anyway seen fit by the Hemophilia Foundation of Washington.

Signature of Campers or of Parent/Guardian Date
if attendee is under 18 years of age

Please contact Cheryl Brower either by phone (206/292-6573) or email (cherylb@psbc.org) or Stacey Sunde (206)322-9450 for any questions. Please return your application by mailing to: Puget Sound Blood Center, 921 Terry Avenue, Seattle, WA 98104, Attention: Cheryl Brower.

We appreciate your interest in our camp program! We are really excited about this summer's camp. We will be contacting you soon.