

Camp Cranium 2010

Staff Application Form

June 13-18, 2010

Please fill out this application and return by April 15th, 2010:
(Please note: You must be at least 18 years old to apply!)

Mail form to:

Rachel Bastian, Camp Cranium Staff Recruiter
725 Pemberton Street
Rear 6
Philadelphia, PA 19147

NAME: _____ Birth Date: _____ SS# _____
ADDRESS: _____ City: _____
State: _____ Zip: _____ Phone: _____
Email: _____
T-shirt size: _____ Long sleeve shirt size: _____

*Please check one or more of the following:

- I am available to volunteer as a counselor for Camp Cranium '10
 I can volunteer: full-time (all week Sun-Fri)
 I can volunteer: part-time (please specify)
- I am available to volunteer my medical services (please specify)
 I can volunteer: full-time (all week Sun-Fri)
 I can volunteer: part-time (please specify)
- I am interested in volunteering other services such as
programming, morning activities, etc...

Signature: _____

Date: _____

I am aware of another person who is interested in applying to volunteer at
Camp Cranium. Please send application to:

Camp Cranium Staff Agreement

Please carefully read the following three paragraphs-your signature is required.

1. I give permission to Camp Cranium and/or Camp Victory to obtain photographs and/or videotapes of myself during the Camp Cranium week. I also understand that these photographs/videos may be used to share with campers and staff or used for publicity or publication purposes.
2. In the event of an emergency, I hereby authorize Geisinger Medical Center's Emergency Department in Danville, PA to provide necessary emergency care for myself during my attendance at Camp Cranium.

Print Name: _____
Physician's Name: _____ Physician's # _____
Phone # (Home and/or Cell) _____
Emergency Contact Person: _____ Phone # _____

3a. I am able to assume the responsibility for administering my own medications independently. (i.e. go to med shed on own, retrieve meds from staff cabinet and take appropriate meds at appropriate times) There will be no doctors or nurses to monitor.

b. I am independent in all of my self care needs. This includes transfers, showering and toileting (i.e. cathing and bowel program, if relevant).

c. I can independently travel throughout the Camp Victory facility. The inability to physically comply requires staff to notify the Camp Cranium staff Director a month prior to camp in order to arrange for accommodations. Lexi's #: 610-592-4475.

By signing this form you agree and are able to fulfill the duties that are stated in the above 3 paragraphs.

Counselor's Signature: _____ Date: _____

Please note: All counselors must be at least 18 years old to apply.