

Northland Florida College Booster Club
2010 SUMMER CAMP STAFF APPLICATION

Camp Dates: June 20-26

Please complete the application and medical form.

Staff positions are limited so please return your application by April 1.

Name _____	Phone _____
Address _____	Apt _____
City _____	State _____ Zip Code _____
E-Mail _____	T-Shirt Size: S M L XL XXL

Please check the appropriate boxes below:

- I am applying to be part of the 2010 Camp Staff, and if accepted I agree to:
- Abide by, support, and help enforce the rules of the camp.
 - Arrive at the campsite no later than 3 p.m. on Sunday, June 20.
 - Stay until camp is over and cleanup is completed—around noon on Saturday, June 26.
- I would like to arrive at camp on Saturday, June 19 to help in the camp setup.
- I would like to stay overnight on the campgrounds on Saturday, June 19.
- I have children attending camp this year.
- I have paid my FCBC dues for this year (since January 2010).
- Enclosed is payment of my FCBC annual dues (\$5 for individuals, \$10 per household).
- Enclosed is canteen money, to be added to my account and used to buy snacks, etc. at camp.

Your Preferred Primary Position

- Counselor – circle all age preferences: 9-12 13-15 16-18
- Kitchen
- Other _____

Other assignments you are willing to take:

- Class teacher Lecture Speaker Devotion Speaker Song Leader
- Night Watchman Crafts Assistant Sports/Activities Assistant

I am certified in: **First Aid** **CPR**

I understand that Northland Summer Camp is connected to Florida College as a booster of that school, and I will support this week-long effort to promote the school. If accepted, I agree to abide by and support the camp rules.

Signature _____ **Date** _____

Mail both forms to: Rick Lanning, 6567 Bluebird Dr, Maple Grove, MN 55369

If you have any questions, please feel free to contact me (Rick Lanning, #763-425-2385/ricklanning@junocom). I truly appreciate your willingness to help make a difference in the lives of these young people. It is truly life changing for many of them. God bless you real good!

Northland FCBC 2010 Summer Camp Staff Medical Form

Name _____	Date of Birth _____
Address _____	Apt _____
City _____	State _____ Zip Code _____

Please complete this form and return with your staff application. All information will be turned over to the camp nurse **and kept confidential**.

PERSONAL / FAMILY PHYSICIAN: _____
PHYSICIAN'S: Address _____ Phone: _____
MEDICAL INSURANCE: Company _____
Policy Number _____

MEDICAL INFORMATION / HISTORY:

(Please provide information you feel is necessary for any medical treatment in case of emergency)

1. Specify any chronic or long-term illness: _____
2. Relevant surgeries or serious injuries: _____
3. Tetanus Shot – Date last received: _____
4. Restrictions: Any activity? _____
5. Allergies (food, medication, pollen, etc.): _____
8. Medications: Are you bringing any to camp? _____
If so, will you be keeping it and self-medicating, or would prefer the nurse to dispense them?

NOTES FOR THE CAMP NURSE:

In the event of an emergency, I hereby give permission for the officials of Northland Camp to drive me to a medical clinic or hospital to receive treatment.

Signature _____ Date _____

Emergency Contact Name & Phone #: _____

Please return this with your staff application to:
Rick Lanning, 6567 Bluebird Dr, Maple Grove, MN 55369