

STAFF INFORMATION REPLY FORM 2011

(PLEASE COMPLETE & RETURN THIS FORM IN AN ENVELOPE IMMEDIATELY)

1. I will arrive at camp on: 6/ /11

2. I will travel to camp via: (please check off "A, B, or C" below and then give us the information called for)

A. _____ Plane _____ airport _____ airline

_____ flight number _____ arrival time at airport

B. _____ Private Car _____ Arrival time at camp (time of day)

C. _____ Other Explain: _____

3. If traveling by plane, will you have luggage with you? (circle one) yes no

If yes, to the best of your ability, what type of luggage: # of suitcases _____ #of duffel bags _____

_____ # of trunks _____ Other _____

4. I prefer to live with children of the following age: (write in "1" for first choice, "2" for second choice, "3" for third choice)

_____ 7-10 year olds

_____ 11 – 12 year olds

_____ 13 – 15 year olds

5. Campers sometimes need some tutoring at camp. Are you capable of teaching in any of these areas? (check one)

_____ Math _____ Reading _____ Other → _____ (please list here) _____ Not Capable

6. (for staff 25 years or older as of 6/28/09) If asked, would you feel comfortable driving a camp vehicle transporting campers? (check one)

_____ YES _____ NO _____ Not Applicable

(if yes, do you have any experience driving a van filled with passengers?) _____ yes _____ no

(if prepared to drive a van, do you have a perfectly clean driver's record?) _____ yes _____ no

7. The following forms must be returned. (the W-4, I-9, Medical Form, Staff Information Sheets, and copy of your Driver's License must all be returned to us. Copies of any certifications should be mailed to us where applicable) I have enclosed a copy of my: (please put a check mark for those forms enclosed in your return mailing)

_____ Driver's License (Licensed U.S. Citizens only)

_____ Staff Information Forms #1 and #2

_____ W-4 Form (U.S. Citizens only)

_____ I-9 Form (for all camp employees)

_____ Staff Medical Form

_____ Meningitis Reply Form

_____ Any Certifications (Nursing License, WSI, Lifeguard, EMT, CPR, First Aid, or other)

8. I plan to have a car at camp this summer: (circle one) yes no

MAKE/MODEL _____ COLOR _____ YEAR _____ LICENSE PL. # _____ STATE _____

STAFF MEMBER'S NAME _____ DATE _____ CELL PHONE #: () _____

E- Mail Address: _____