

STAFF INFORMATION SHEET #1 - 2011

STAFF MEMBER'S NAME _____ SOCIAL SECURITY # _____

HOME ADDRESS _____ DATE OF BIRTH _____

HOME PHONE () _____ CELL PHONE () _____

E-MAIL ADDRESS _____

PARENTS' ADDRESS _____

PARENTS' PHONE () _____

EMERGENCY NAME (friend or relative) _____

EMERGENCY NAME'S PHONE () _____

Name of staff member's physician _____

Physician's Phone () _____

ARE YOU AN AMERICAN CITIZEN? YES NO

DO YOU HAVE A SPOUSE HERE WITH YOU AT CAMP? if yes, what is his or her name?

DO YOU HAVE ANY CHILDREN WITH YOU HERE AT CAMP? if yes, what are their names, dates of birth, and grades just completed?

CHILD'S NAME _____ Date of Birth _____ Grade Completed _____

CHILD'S NAME _____ Date of Birth _____ Grade Completed _____

CHILD'S NAME _____ Date of Birth _____ Grade Completed _____

HEALTH NOTES

1. Do you have any physical defects? (if yes, please explain) _____

2. Do you have any physical disabilities? (if yes, please explain) _____

3. Do you have any allergies? (if yes, please explain) _____

4. Do you have any health conditions that may in any way be relevant to your work at camp? (if yes, please explain) _____

5. Are you presently using any prescription medication? (if yes, what medication are you taking and for what condition is it being used?) _____