

14TH ANNUAL COMPANION CAMP



STAFF APPLICATION FORM

(FOR YOUNG MEN ENTERING GRADES 9-12) JUNE 17-19, 2011

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Year graduating from high school: _____ Birthday: _____ / _____ / _____

(Arch)Diocese: _____

Please take some time to examine the requirements for the completion of this application below—incomplete applications will not be accepted.

1. A typed essay (on a separate sheet of paper) explaining why you would like to be a staff member for Companion Camp 2011. Please explain how you intend to be a positive, Catholic role model for the campers. What do you hope to gain from this experience?
2. Signature of a priest recommending you for a staff position:

Priest's signature

Name of Parish

City

Phone Number

3. Completed Health History to be filled out by parents (see back)
4. I understand that I must arrive on June 16th, no later than 11:00 a.m. I further understand that all staff are required to remain after Eucharist and lunch on Sunday, June 19th, until campus clean-up is completed (approximately 2:00 p.m.).

Signature of Applicant

Date

HEALTH HISTORY FORM

1. Does your son have any health concerns? (please check all that apply)

Diabetes

Digestive Problems

Asthma

Epilepsy

Sleepwalking

Allergies (specify)

Others (specify)

Allergies: _____

Other concerns / special needs: _____

2. Does your son take any routine medications? If so, please list and give the times taken (e.g. with meals, bedtime, etc.) and the reason taken: _____

3. Does your son have permission to participate in: Swimming Sports

4. In case of emergency, contact:

Name: _____

Address: _____

Daytime Phone Number: _____ Evening Phone number: _____

Family Physician: _____

Phone Number: _____

Address: _____

Name of insurance provider and policy number: _____

5. SUNDAY LUNCH: How many in your family (not including your camper) plan to attend? _____
(lunch to follow 10:30 a.m. Mass. Cost is \$5 for each person 12 and older. Kids under 12 eat free.)

6. We (I) hereby release all church, camp staff and adult advisors from any and all claims, loss, damage, or expense, arising out of or from any accident or other occurrence causing injury to any person or property during this camp. Furthermore we (I) assume all risks of personal injury, sickness, death, damage and expense as a result of participation in recreation and activities involved therein by our child. We (I) are the parent(s) or legal guardian(s) of this participant and grant our (my) permission for the camp directors or their duly authorized representatives to act on our (my) behalf in a medical emergency if I am unable to do so. Camp administrator reserves the right to examine all staff belongings to ensure a safe camp for everyone.

Signed (Parent/Guardian): _____

Relationship to child: _____

Return form to:

Please make checks payable to: Companion Camp 2011

Camp Director

Conception Seminary College

 (660) 944-2886  vocations@conception.edu

P.O. Box 502

Conception, MO 64433