



Counselor Application

General Information

| | | | |
|----------------------|-----------------------------------|----------------------------------|--|
| Last Name | | First Name | |
| SSN - - | DOB / / | Age | <input type="checkbox"/> M <input type="checkbox"/> F |
| Mailing Address | | | |
| City | State | Zip Code | |
| Home Phone () - | Work Phone () - | | |
| Cellular Phone () - | E-mail | | |
| T-Shirt Size | <input type="checkbox"/> Adult XL | <input type="checkbox"/> Adult L | <input type="checkbox"/> Adult M <input type="checkbox"/> Adult S <input type="checkbox"/> Child L |

Essay Question

On a separate sheet of paper, please answer the following question:

New Applicant: Why would you want to spend a week of your summer vacation to volunteer at Camp Footprints?

Returning counselor: What has inspired you to come back to camp once again? Do you have any thoughts on how camp could be improved?

Emergency Contacts

| | | | |
|----------------------|------------------|------------|--|
| Last Name | | First Name | |
| Address | | | |
| City | State | Zip Code | |
| Home Phone () - | Work Phone () - | | |
| Cellular Phone () - | Relationship | | |
| Last Name | | First Name | |
| Address | | | |
| City | State | Zip Code | |
| Home Phone () - | Work Phone () - | | |
| Cellular Phone () - | Relationship | | |

Medication/Health/Allergy History

| |
|--|
| Are you currently taking any medication(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify. |
| Do you have any health problems? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain. |
| Do you consent to allowing Camp Footprints to administer Acetaminophen (Tylenol) if you have a fever? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you up to date with your basic immunizations? <input type="checkbox"/> YES <input type="checkbox"/> NO |



Do you have any allergies (medication, food, etc.)? YES NO
 If yes, please list.

Insurance Information

Insurance carrier (i.e. Blue Cross, Kaiser, etc.)

Policy/Member Number

Primary Insurance Policy Holder Self Other

If other, name of subscriber Phone () -

Address

Primary Care Physician Phone () -

Address

Agreement and Signature

By submitting this application

- I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.
- I hereby allow the staff/volunteers of Camp Footprints permission to take and use pictures, slides and other forms of visual display of myself for the purpose of personal keepsake and promotion.
- I do hereby authorize Miles Masatsugu, Roger Injarusorn, and Megan Nguyen as agents for Camp Footprints, to consent to an emergency medical and/or surgical treatment or diagnosis to be rendered to the minor under the general and special supervision and upon the advice of a Physician and Surgeon licensed under the provisions of the California Medicine Practice Act, and an emergency examination, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a Dentist licensed under the Provisions of the California Dental Practice Act. It is understood that Camp Footprints assumes no liability of any kind or character, financial or otherwise for acting pursuant to the above authorization.

Name (printed)

Signature Date / /

If applicant is less than 18 years of age:

Parent/Guardian Signature Date / /

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in living a life uncommon. Please send a recent photograph with this application to:

CAMP FOOTPRINTS
1198 Pacific Coast Hwy Ste D #314
Seal Beach, CA 90740-6200