



C.U.P.C. SUMMER CAMP 2009
SUMMER CAMP LEADER POSITION
APPLICATION FORM

Please complete this form and return it as early as possible to:
CUPC Summer Camp, 1700 Sutter Street, San Francisco, CA. 94115

Name: _____ Age: _____ Birthday: _____

Address: _____ City: _____ Zip: _____

Phone Number(s) - Home: _____ Cell: _____

E-mail: _____ School: _____

Check week(s) you are volunteering for:

_____ Week 1: June 22 – June 26

_____ Week 4: July 13 – July 17

_____ Week 2: June 29 – July 3

_____ Week 5: July 20 – July 24

_____ Week 3: July 6 – July 10

_____ Week 6: July 27 – July 31

_____ Check here if you meet the criteria and are applying as a paid leader.

(Deadline for returning form for Paid Leader Position is **April 19, 2009**)

Please answer the following questions truthfully and to the best of your ability:

What experiences have you had working with children?

What attributes/characteristics do you consider to be your strengths? Weaknesses?

What have been your experiences with Christianity?

Why do you want to work at CUPC Summer Camp?

In addition, we offer an extra program after the regular summer camp program has ended.

If you are interested in applying for a position as a salaried child-care leader (\$125/week) or would like to volunteer during the extended weeks, please check the appropriate lines:

(Must be going into ninth grade or above to apply for salaried child-care leader)

_____ Salaried Child-Care Leader _____ Volunteer leader

Number the weeks 1 or 2 according to your preference. (1-first choice, 2-second choice)

_____ Extended One (August 3 – 7) _____ Extended Two (August 10 – 14)

C.U.P.C. Summer Camp

Leader Permission and Health Authorization

(to be filled out by parent/guardian.)

Leader's Name (Last)	(First)	(Middle)	Phone (Home)
Address			Birthday (Month/Day/Year)
City			Zip
School	Grade (in Sept.)		Week(s) attending camp
Mother/Guardian			Phone (Work)
Work Address/City			Phone (Cell)
Father/Guardian			Phone (Work)
Work Address/City			Phone (Cell)
Relative/Friend not living with Family in case parent/guardian cannot be reached			Phone (Home/Work)
			Phone (Cell)

Health History

(Answer yes or no)

_____	Date of last Tetanus shot	_____	Penicillian Allergy	_____	Poison Oak Allergy
_____	Diabetes	_____	Asthma	_____	Insect/Bee Sting Allergy

Indicate any medical conditions or allergies that may affect your child:

If a serious emergency arises, it may be necessary for a physician to attend to your child before the staff can get in touch with you. Such care will be provided only if you sign the "authorization for medical treatment." The statement below must be signed before your child will be accepted at camp.

My child _____ has my permission to attend the CUPC Summer Camp program. I authorize a physician to provide medical care for him/her in any emergency which may occur while participating in the summer camp program.

Signature of parent/guardian	Date
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