

C.U.P.C. SUMMER CAMP 2010  
LEADER POSITION APPLICATION FORM



Please complete this form and return it by **June 7, 2010** 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 14 – June 18                      \_\_\_\_\_ Week 4: July 6 – July 9 (no camp 7/5)

\_\_\_\_\_ Week 2: June 21 – June 25                      \_\_\_\_\_ Week 5: July 12 – July 16

\_\_\_\_\_ Week 3: June 28 – July 2                      \_\_\_\_\_ Week 6: July 19 – July 23

\_\_\_\_\_ Check here if you meet the criteria and are applying as a paid leader.  
(Deadline for returning form for Paid Leader Position is **April 30, 2010**)

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?

Why do you want to work at CUPC Summer Camp?

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**Extended Camp Sessions:**

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 or would like to volunteer during the extended weeks, please check the appropriate lines:  
(First year leaders are not eligible to volunteer during the two extended weeks.)

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

\_\_\_\_\_ Extended One (July 26 – 30)                      \_\_\_\_\_ Extended Two (August 2 – 6)

# 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