

CAMP TAMARACK
High Sierra Summer Camp
Box 521 Blue Lake, CA 95525 (707) 668-1601
Staff Application Form Year _____

Name _____ Birthday _____ Age _____ Sex _____

School _____ Grade (next fall) _____ Siblings _____

Parent's or Guardian's Name _____

Address _____ Home Phone _____

City _____ State _____ Zip _____

Your Cell Phone _____

Work Phone Mother _____ Work Phone Father _____

Cell Phone Mother _____ Cell Phone Father _____

Your Email _____

Email Mother _____ Email Father _____

Telephone numbers where parents can be reached during camp, if different then above:

Date of last Tetanus shot: _____

Position applying for: (circle one or more)

Cook

Group Counselor

Junior Counselor

Rover

Kitchen Helper

Registered Nurse

Are you a swimmer? _____ Do you have a WSI certificate? _____

Do you have a current CPR card? _____ Do you have a current First Aid card? _____

Do you have any dietary restrictions (vegetarian, etc.)?

Have you attended the camp as a camper or a counselor?

Describe why you are interested in working at the camp. (over)

Describe your previous work experience with children.
Do you have backpacking experience? If yes, explain.

We will be updating our brochure periodically and will be taking pictures of various activities at camp this summer. If we can use pictures with you in them, please check YES___. If we cannot use pictures with you in them, please check NO____. If you are a minor, your parent/guardian must sign below.

Parent/Guardian Signature for Photo Release

Medical Release Statement
(Must Be Signed By Parent Or Legal Guardian If A Minor)

My Child _____ is in good health.

I will notify the camp director if my child is exposed to any communicable diseases during the two weeks prior to attending camp.

In Case of Medical Emergency, I give permission to the physician selected by the Camp Director, Health Care Provider, or other authorized camp staff member to secure proper treatment for, hospitalize and order injection, anesthesia or surgery for my child.

Name of Physician _____ Phone _____

Insurance Company _____

Group Number _____ Customer Number _____

Parent/Guardian Signature _____

Printed Name _____ Date _____

Please return application to:

CAMP TAMARACK
High Sierra Summer Camp
Box 521 Blue Lake, CA 95525 (707) 668-1601
Website: camptamccsummercamp.com Email: camptamccsummercamp@gmail.com

Offering a Quality Wilderness Experience
To the Waldorf Community
Since 1971

