



# Saint Nicholas' Orthodox Summer Camp for Juniors and Seniors 2010 STAFF Application

## Camp Dates

Sunday, July 11 – Saturday, July 17, 2010

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Birthrate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
Mo/day/year

Driver's Licence Number: \_\_\_\_\_  
Number State Exp. Date

Sex: M F Marital Status: single/ married/ divorced/ widowed

Name of Parish You Attend: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

How often do you attend church services? RARELY MONTHLY WEEKLY

How often do you participate in Confession and Communion?  
NEVER YEARLY OCCASIONALLY REGULARLY

## EMERGENCY CONTACT

WHO SHOULD WE CONTACT IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Relation \_\_\_\_\_

Phone number \_\_\_\_\_

## EMPLOYMENT

Present Employer and Occupation: \_\_\_\_\_

PAST EMPLOYMENT> Please provide a record of employment.

Dates	Employer	Nature of Work	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For which position are you applying?

Cook/Kitchen

Grounds crew

General Staff

## HEALTH HISTORY RECORD

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
Mo/day/year

Driver's Licence Number: \_\_\_\_\_  
Number State Exp. Date

Do you have any of the following conditions?

Hay fever, asthma, wheezing     Diabetes     Speech impairments  
 Eczema or skin rashes     Frequent colds, sore throats     Heart problems  
 Convulsions/seizures     Shortness of breath     Other

Please explain:

Operation or injuries:
Allergic reactions(food, penicillin, other drugs)
Any other special condition the nurse should be aware of:

MEDICATIONS NEEDED OR USED (include Psychiatric):

Kind	Frequency	Dosage	Currently given?(Y/N)

	Polio	Mumps	Diphtheria	Tetanus	Pertussis	Measles	Rubella
Date of Initial Immunization							
Date of most recent booster							

I VERIFY I DO NOT HAVE A COMMUNICABLE DISEASES AND THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_