TLC CAMP STAFF APPLICATION

Sr. Counselor  Jr. Counselor  CIT  Photography  Nurse General

*Please number in order of preference all positions in which you would be willing to work (with 1 being first choice)*

Name: Enter text Age at Camp: Enter text Sex: F M Date of Birth: Enter text

Address: Enter text City: Enter text State: Enter text. Zip Code: Enter text

Grade Completed this June (if applicable): Enter text

Home Phone: Enter text Cell Phone: Enter text Email: Enter text

Place of Employment: Enter text Work Phone: Enter text

Address: Enter text City: Enter text State: Enter text Zip Code: Enter text

Shirt Size: **Adult Size  S  M  L  XL  XXL  XXXL**

Have you previously worked at camp?  Yes  No

List year(s) as: CIT Years | Jr. Counselor Years | Sr. Counselor Years | Photo Years | General Help Years.

If applying for a counselor position, do you have an age preference of camper? (e.g. younger, older) Enter text

*Please note there is no guarantee as to placement*

How did you hear about TLC Camp? Enter text

Do you have a Lombard affiliation? *Please give name(s):* Enter text

Have you attended camp as a camper?  Yes  No Year(s) *e.g. 2009-2012:* Years

Please check any areas of ability or interest in the following:

Arts and Crafts  Sports and Games Food  Special Events General

What days are you available?

Monday  Tuesday  Wednesday  Thursday  Friday  All

References: Name: Enter text Phone: Enter text

Name: Enter text Phone: Enter text

Education Information:

High School: Enter text # Years Completed: Years

College: Enter text# Years Completed: Years Major: Enter text

Do you have any certifications? (e.g., Lifesaving, CPR, etc.): Enter text.

TLC CAMP STAFF MEDICAL HISTORY FORM

1. List any allergies (medicine, food, molds, insect bites, etc.): Enter text
2. List any physical restrictions or limitations to campy activities: Enter text
3. List any special equipment you use (crutches, wheelchair, etc.): Enter text
4. List any special dietary needs: Enter text
5. List any special vision or hearing problems: Enter text
6. List any medical problems you may have at camp (hay fever, diabetes, asthma, seizure disorder, etc): Enter text
7. Have you had Chicken Pox? Yes No
8. Have you had the Varicella (chicken pox) vaccine? Yes No
9. Have you had the COVID-19 Vaccination? Yes No
   1. Date of COVID-19 Vaccination (Shot 1): Enter text
   2. Date of COVID-19 Vaccination (Shot 2): Enter text
   3. Date of COVID-19 Vaccination (Booster): Enter text
   4. Name of COVID-19 Vaccination Brand: Enter text
10. Date of last Tetanus Vaccine: Date

Physician’s Name: Enter text Phone Number: Enter text

Address: Enter text

**MEDICAL TREATMENT CONSENT INFORMATION**

*To be used by medical staff and/or emergency room personnel*

I hereby grant permission for the medical staff to administer routine care, medications, and determine need for lab/ x-ray studies for my child, as well as any emergency care required.  Yes  No

Parent or Guardian (if under 21 years of age): Enter text Phone: Enter text

Signature: Enter text

Relationship: Mother Father Guardian Date: Date

**Sponsored by the Lombard Junior Women’s Club**

**Waiver and Consent Form**

Please read this form carefully. Be aware that by signing to participate in the above program, you will be waiving and releasing all claims for injuries you might sustain arising out of the above program.

I understand that the TLC Camp, Inc. program will include not only normal activities conducted on the campgrounds but also certain field trips and other activities outside the campgrounds, which will require transportation to and from these locations. I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and I agree to assume the full risk of any such injuries, damages, or loss, regardless of severity, which I or my child may sustain as a result of participating in any activities connected or associated with any such program.

I waive and relinquish all claims I may have against the Lombard Park District, the Lombard Junior Women’s Club and their officers or agents, servants, employees, volunteers, and medical staff as a result of participating in above program. I hereby fully release and discharge the Lombard Park District, the Lombard Junior Women’s Club and all of their officers or agents, servants, employees, volunteers, and medical staff from any and all claims from injuries, damage, or loss which I may have, or which may accrue to me on account of my participation or the participation of my child or children in the above program. I further agree to indemnify and hold harmless and defend the Lombard Park District, the Lombard Junior Women’s Club and their officers or agents, servants, employees, volunteers, and medical staff from any and all claims resulting from injuries, damages or losses sustained by me or by my child or children, and arising out of, connected with, or in any way associated with the activities on the TLC Camp, Inc. program.

I understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment at Good Samaritan Hospital, 3815 S. Highland Ave., Downers Grove, Illinois 630-275-5900 and the administration of medication by Lombard Park District and Lombard Junior Women’s Club agents as prescribed by a physician and or nonprescription medications as may be required to safeguard the health and well-being of the participant if it is necessary during the activity(ies). I further understand that the Lombard Park District and the Lombard Junior Women’s Club carry no accident coverage on participants and that immediate medical attention and/or hospitalization will be the sole responsibility of the individual question and/or the parent or guardian.

I understand that unless specifically stated in writing at the time of this registration, photographs of participants may be taken. I realize that our rights to privacy will be protected in all photographs and publications of the Lombard Park District and Lombard Junior Women’s Club activities. I have been made to understand that no personal information other than first name and hometown will be released and his meets my approval.

I have read and fully understand the Lombard Park District and Lombard Junior Women’s Club policies pertaining to participation in the TLC Camp, Inc. program that the above information details and waiver and release all claims.

**I fully understand that TLC Camp, Inc. hours are 8:30 am to 3:15 pm Monday through Thursday and 8:30 am to 7:30 pm Friday during the week of camp.**

Printed Name of Applicant: Enter text

Signature of Applicant: Enter text Date: Date

Signature of Parent/Guardian: Enter text Date: Date

(if applicant is under age 21)

TLC CAMP, INC

**CODE OF CONDUCT**

I, ENTER NAME HERE, hereby believe I am a positive role model for children. I have not been involved in any activities or events that could jeopardize the reputation of TLC Camp, Inc.

Signature: Enter text Date: Date

If you have been involved in an activity or event that you feel may be questionable, please write what occurred and when the event happened so that only the directors are aware of it and can determine if they feel it would indeed jeopardize the reputation of TLC Camp, Inc.

I, ENTER NAME HERE, am not sure so here is the information that the directors can use to decide if my involvement in activities or events may jeopardize the reputation of TLC Camp, Inc.

Signature: Enter text Date: Date

**All information provided will be kept confidential.**

Examples (e.g., DUI, Suspensions or Expulsions from school, convictions of…): Enter text