

CAMP SHALOM SUMMER DAY CAMP

Sponsored by the Tallahassee Jewish Federation

Hosted by Temple Israel

STAFF APPLICATION

Monday, June 4 to Friday, June 8, 2018

Monday, June 11 to Friday, June 15, 2018

PLEASE READ ATTACHED LETTER!

Email application by April 30, 2018 to: pbrownstein112@gmail.com
or mail to Patti Brownstein, 3354 Barrow Hill Trail, Tallahassee, FL 32312

Name _____
Please Circle Week 1 Week 2

Grade Entering Fall 2018 _____ School _____

SS# _____

Address _____ Zip _____

Phone(H) _____ Cell _____

E-Mail _____

Parents' Names _____

Emergency Contact/Phone _____

New Counselor _____ Returning Counselor _____ # of years with Camp Shalom _____
Area Coordinator _____

Member of Shomrei Torah _____ Temple Israel _____ Federation _____ Other _____

Camper Age Preference _____ CPR Certified _____ First Aid Certified _____

Relevant Experience _____

HEALTH INFORMATION

Medications taken regularly _____

Allergies _____

Health Insurance _____ Policy # _____

Physician _____ Phone _____

PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

Should I _____ become ill or suffer an accident during the time that I am in the care of Camp Shalom, the camp will contact my emergency contact immediately. In the event that the camp is unable to reach them immediately, I authorize Camp Shalom to secure medical attention for me as may be necessary. If under age 18, I do/do not give permission for emergency care. _____ parent.

For minors only: **I do/do not** give my permission to have my or my child's picture taken and displayed at Camp Shalom and/or posted on Camp Shalom's website.

If over 18, Staff Signature _____ Date _____
Or Parent Signature _____ Date _____

Todah Rabah to all our sponsors:

National Council of Jewish Women, P.J. Library, Shomrei Torah, Shomrei Torah Men's Club & Sisterhood, Temple Israel, Temple Israel Brotherhood & Sisterhood