

**CAMP WAPIYAPI**  
**June 5<sup>th</sup> – 11<sup>th</sup> & June 12<sup>th</sup> – 18<sup>th</sup> 2010**

***Medical Staff Application***

Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Cell Phone (     ) \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Drivers License Number \_\_\_\_\_

T-shirt size   S   M   L   XL   XXL

Which Camp Wapiyapi session are you applying for and for what shifts?

\_\_\_ **June 6<sup>th</sup> – 11<sup>th</sup>**

\_\_\_ **June 13<sup>th</sup> – 18<sup>th</sup>**

\_\_\_ Sunday – Monday

\_\_\_ Sunday- Monday

\_\_\_ Monday- Tuesday

\_\_\_ Monday-Tuesday

\_\_\_ Tuesday- Wednesday

\_\_\_ Tuesday-Wednesday

\_\_\_ Wednesday- Thursday

\_\_\_ Wednesday-Thursday

\_\_\_ Thursday-Friday

\_\_\_ Thursday-Friday

Have you participated in Camp Wapiyapi before? \_\_\_\_\_

Please list any leadership positions or experience you may have: \_\_\_\_\_

\_\_\_\_\_

Please list your degree(s) and certificates you have attained or are pursuing: \_\_\_\_\_

\_\_\_\_\_

**Which position(s) are you applying for? Please Circle**

Physician

Nurse

Do you speak a second language? Yes No Which? \_\_\_\_\_

Would you be interested in other Wapiyapi volunteer opportunities? Yes No

**Licenses/Certifications/Training**

**PROVIDE EXPIRATION DATES AND ATTACH COPIES OF EACH**

CPR \_\_\_\_\_  
 PALS \_\_\_\_\_  
 ACLS \_\_\_\_\_  
 Advanced Lifesaving \_\_\_\_\_  
 Water Safety \_\_\_\_\_  
 EMT \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_  
 \_\_\_\_\_

**References**

Please list three references who can attest to your ability to work with children.

|    | Name  | Relationship | Phone |
|----|-------|--------------|-------|
| 1) | _____ |              |       |
| 2) | _____ |              |       |
| 3) | _____ |              |       |

Camp Wapiyapi has my permission to contact the people I have listed above.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

Cell phone number \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes No  
 If yes, provide the date, location, and nature of the offense. \_\_\_\_\_  
 \_\_\_\_\_

In accordance with Colorado state law, "Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly."

I certify that all of the above information is correct and accurate to the best of my knowledge.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_