



Camp Lone Star

Staff Application

Please send to Stacey Cho at stacey.h.cho@gmail.com.

Deadline:	November 28, 2009	Fee:	\$50			
Applicant Information						
Full Name:					Birthday:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>			
Address:	Street Address		Apartment/Unit #			
	City		State		ZIP Code	
Phone:	()	E-mail Address:		Sex:	M <input type="checkbox"/>	F <input type="checkbox"/>
Dates Available for workshop:			<i>Please note that if you cannot attend the entire workshop you cannot be a captain or co-captain.</i>			
Positions Applied for (list all):						
T-Shirt Size	XS <input type="checkbox"/>	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	XL <input type="checkbox"/>	XXL <input type="checkbox"/>
Have you ever been staff?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes what position, when, & where?			
Education						
High School:		Current Grade Accomplished:	Junior <input type="checkbox"/>	Senior <input type="checkbox"/>	Graduated <input type="checkbox"/>	
College:		Current Grade Accomplished:	Freshman <input type="checkbox"/>	Sophomore <input type="checkbox"/>	Junior <input type="checkbox"/>	Senior <input type="checkbox"/>
Degree if graduated:						
Graduate School:			Major:			
Staff Survey						
1. What do you think a participant should get from a workshop experience?						
2. What do you want to achieve as staff?						
Health						
Allergies or Med:						
Medical Insurance:				Policy Number:		
Transportation Agreement						
<i>I understand that I am responsible for finding my own transportation to the campsite. I understand Camp Lone Star staff is not responsible for those staff members who fail to notify and reserve transportation.</i>						
Disclaimer and Signature						
<i>I certify that my answers are true and complete to the best of my knowledge. By signing, I will comply with this agreement. In an emergency, I give permission to the physician and hospital selected by the adult leader in charge to give whatever medical aid is necessary. I agree to assume complete responsibility for any costs, medical or otherwise, incurred while attending this camp, and release the Family Federation (FFWPU-USA) and Camp Leaders from all liability involved in my participation.</i>						
Signature:					Date:	
For Staff Only						

Registration Fee:		Balance Due:	
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