



STAFF APPLICATION

for young women entering grades 10 – 12

CAMP FSO

Franciscan Spirit Olympics

June 28, 2008

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ E-mail: _____

Year graduating from high school: _____

Birthdate ____/____/____ Parish: _____

Below are listed the requirements for this application to be completed.

1. A typed essay (on a separate sheet of paper) explaining why you would like to be a staff member for Camp FSO. Please explain how you intend to be a positive role model, how you can be a positive influence for these young women, what you hope to gain from the experience.
2. Completed health history to be filled out and signed by parents (see back)
3. I understand that I must arrive one day early, Friday, June 27th, by 6:00 p.m. I further understand that all staff is required to remain on campus after departure of campers in order to help with camp clean-up.

Signature of Applicant

____/____/____
Date

Please return completed application to:

Sr. Connie Boulch, OSF
Franciscan Prayer Center
2100 North Noland Road
Independence, MO 64050
(816) 252-1673
bouch@diocesekcsj.org

Health History

Any health problems? *(please check)*

Diabetes Asthma Digestive Problems Epilepsy

Allergies (specify) _____

Special needs: _____

Any routine medications? If so, please list and give times to be taken *(e.g. with meals, times, etc.)* _____

I give permission for a registered nurse on staff to administer the following medications.

(please check)

Routine medications (listed above)

Tylenol for headache, pain, fever (parents will be notified in case of fever)

Benadryl for hives and rashes

Antibiotic cream for cuts

I give permission for my daughter to participate in camp activities, outdoor games, etc.

In case of emergency, contact:

Name: _____

Address: _____

Phone: (_____) _____

Family Physician: _____

Address: _____

Phone: (_____) _____

Name of Insurance Policy: _____

Policy Number: _____

We (I) hereby release all church, camp staff and adult advisors from any and all claims, loss, damage, or expense, arising out of or from any accident or other occurrence causing injury to any person or property during this camp. Furthermore we (I) assume all risks of personal injury, sickness, death, damage and expense as a result of participation in recreation and activities involved therein by our child. We (I) are the parent(s) or legal guardian(s) of this participant and grant our (my) permission for the camp directors or their duly authorized representatives to act on our (my) behalf in a medical emergency if we are (I am) unable to do so. Camp staff reserves the right to examine all camper and staff belongings to ensure a safe camp for everyone.

Signature *(parent/guardian)*

Relationship to child