

# Camp Sunshine 2010 Counselor Registration Form

**Return This Form By May 15, 2010**

**To register, counselors must be ages 16 or older by August 1, 2010**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ School Attending \_\_\_\_\_

Name you go by: \_\_\_\_\_ Permission to print address in Camp Talent Show Program: Yes \_\_\_ No \_\_\_

Current Information: Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Summer Information: Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent (if applicable) Name(s): \_\_\_\_\_ Parent Emergency Contact Phone # \_\_\_\_\_

Email: (**Print clearly**) \_\_\_\_\_ I heard about Camp Sunshine from: \_\_\_\_\_

Gender:  M  F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

List previous experiences working with people with developmental disabilities: \_\_\_\_\_

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I have been a full time counselor at Camp Sunshine for the past \_\_\_\_\_ years. I have been a CIT for \_\_\_\_\_ years.

I am registered at Hope College for ED 226 Field Placement for credit:  Yes  No

I have American Red Cross Life Guard Certification?  Yes  No Expiration Date: \_\_\_\_\_

I play the guitar?  Yes  No I know basic signing for the hearing impaired.  Yes  No

Have you ever been convicted of anything other than a minor traffic violation?  Yes  No

\*If Yes, attach a written explanation including dates.

Have you ever been convicted of child abuse or child neglect?  Yes  No

\*If Yes, attach a written explanation including dates.

I give my permission for Camp Sunshine to conduct a check of my background for any prior criminal convictions in compliance with the child and adult protection laws of the State of Michigan.

Signature: \_\_\_\_\_

Most recent employment: Name \_\_\_\_\_ Phone # \_\_\_\_\_

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I would like to volunteer as a full time counselor for:

Session 1 (August 2-5)  Session 2 (August 6-9)  Both  Either

**OR**

I would like to volunteer as a Counselor in Training (CIT), a 24 -hour opportunity, paired with an experienced counselor. Limited enrollment.

A Day/Night in Session 1  A Day/Night in Session 2 (Day/night determined by director)

I would like to float or do cabin coverage: (**former counselors only**)

Floater (Session 1, Monday, Tuesday, Wednesday Session 2, Friday, Saturday, Sunday) – **Circle Day(s)**

Cabin Coverage (Session 1, Monday, Tuesday, Wednesday Session 2, Friday, Saturday, Sunday) – **Circle Night(s)**

**\*Mandatory Orientation will be held on Sunday, August 1, 2010 at 7:00 PM.**

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**\*\*\*My signature indicates that everything on this form is accurate and true. Signature \_\_\_\_\_**

**Return to: Camp Sunshine  
PMB 200  
430 E. 8<sup>th</sup> Street  
Holland, MI 49423**

## Counselor Medical Information

### Surgical Authorization (Limited Purpose Power of Attorney)

The undersigned parent(s) hereby appoint the Camp Sunshine Executive Director (or in her absence another competent adult representative of Camp Sunshine) as our attorney-in-fact and delegate to such person(s) the power to consent on our behalf to any and all routine medical and surgical treatment or care of our child determined to be necessary or desirable by my/our child's attending nurse(s) and/or physician(s). This Power of Attorney shall not, however, be effective for consent to non-emergency elective surgery.

The undersigned parent(s) hereby consent generally to any and all routine medical or surgical treatment or care of my/our child determined to be necessary or desirable by any nurse and/or physician attending my/our child except non-emergency elective surgery or care or treatment expressly excluded above. The undersigned hereby ratify and affirm any and all consent given by our attorney-in-fact pursuant to this Power of Attorney.

This Power of Attorney shall be in effect throughout the Camp Sunshine camping program operated during the month of August 2010, unless earlier revoked by the undersigned. Any nurse, physician or hospital may assume and rely that this authorization is currently in effect during such period unless notified in writing to the contrary.

The undersigned parent(s) certify that they have read this Power of Attorney (or had it read to them) and that they understand this Power of Attorney.

Name of Counselor: \_\_\_\_\_  
(Print)

Date: \_\_\_\_\_

Signature of Counselor: \_\_\_\_\_

Signature of Counselor's Parent / Legal Guardian: \_\_\_\_\_  
**Parent Signature needed if under 18.**

Signature of Counselor's Parent / Legal Guardian: \_\_\_\_\_  
(If two parents, both must sign):

\*\*Instructions **ONLY** for those who prefer to submit this registration electronically. By typing your name on the above signature line, you acknowledge the accuracy, and accept and approve the terms of this form (including its medical/surgical authorization).

Current phone number \_\_\_\_\_

Do you have any current infectious diseases?  Yes  No

List any physical limitations you may have: \_\_\_\_\_

Current Prescription Medications:

Name of Medication	Dosage	Times Given
_____	_____	_____
_____	_____	_____
_____	_____	_____

If further information is needed, contact Cindy Terlouw at (616) 994-9897 or Doug Ammeraal at (616) 218-4633 or email [campsunshinemi@gmail.com](mailto:campsunshinemi@gmail.com) or visit our website at [www.campsunshine.info](http://www.campsunshine.info).

If you have not received confirmation and/or additional information by June 15, 2010, contact the Sunshine office at 994-9897. Confirmation could be electronically sent out via e-mail for any volunteers who supply an e-mail address.

**Return To:** Camp Sunshine  
PMB 200  
430 E. 8<sup>th</sup> Street  
Holland, MI 49423

## This Form Must Be Completed and Signed!

**MAY 15, 2010 DEADLINE!**

