

**APPLICATION**  
**2018 DEAF DAY CAMP (June 11-15)**  
**Volunteers must be 18 years of age or older.**

Date Application Made: \_\_\_\_\_ Child Is: (circle one) Deaf Hard-of-hearing Hearing  
Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Telephone: \_\_\_\_\_  
*Street/Post Office Box City Zip*

In case of an emergency, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Telephone: \_\_\_\_\_  
*Street City Zip*

Person to contact if this person cannot be notified:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Telephone: \_\_\_\_\_  
*Street City Zip*

Please answer the following questions:

Are you on any type medication? (circle one) Yes or No

If yes, name medication: \_\_\_\_\_

Is there any food that you should not have? (circle one) Yes or No

If yes, name food: \_\_\_\_\_

Do you have any allergies? (circle one) Yes or No

If yes, name them: \_\_\_\_\_

Is there any reason that you cannot do physical activities such  
as swimming, bowling and outdoor activities: (circle one) Yes or No

If yes, please explain: \_\_\_\_\_

Best email address: \_\_\_\_\_

I will work in Day Camp on:

Monday, June 5 Yes or No

I will swim Yes or No

Tuesday, June 6 Yes or No

I will swim Yes or No

Wednesday, June 7 Yes or No

I will swim Yes or No

Thursday, June 8 Yes or No

I will swim Yes. or No

Friday, June 9 Yes or No