

APPLICATION
2018 DEAF DAY CAMP (June 11-15)
Volunteers must be 18 years of age or older.
Children must be between 5 – 12 years of age

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

T-Shirt Size: _____

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: _____

For Volunteers. I will work in Day Camp on:

- | | |
|--------------------|------------|
| Monday, June 11 | Yes or No |
| I will swim | Yes or No |
| Tuesday, June 12 | Yes or No |
| I will swim | Yes or No |
| Wednesday, June 13 | Yes or No |
| I will swim | Yes or No |
| Thursday, June 14 | Yes or No |
| I will swim | Yes. or No |
| Friday, June 15 | Yes or No |