



# TLC STAFF APPLICATION

<b>DIRECTOR'S USE ONLY:</b>	
Committee	_____
Position	_____

\_\_\_\_ Sr. Counselor \_\_\_\_ Jr. Counselor \_\_\_\_ CIT \_\_\_\_ Photography \_\_\_\_ Nurse \_\_\_\_ Gen

Please number in order of preference all positions in which you would be willing to work (with 1 being first choice)

Name: \_\_\_\_\_ Age at Camp \_\_\_\_\_ Sex: M or F  
 Address: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Grade completed this June (if applicable): \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Name & Phone: \_\_\_\_\_

T-shirt Size: **Circle Size** Adult S M L XL XXL XXXL

1. Have you previously worked at camp? Yes \_\_\_\_\_ No \_\_\_\_\_  
 List year(s) as: C.I.T. \_\_\_\_\_ JR Counselor \_\_\_\_\_ SR Counselor \_\_\_\_\_  
 (e.g.; 2009-2012) Photo \_\_\_\_\_ Gen Help \_\_\_\_\_

If applying for a Counselor position, do you have an 'age preference' of camper? (e.g.; younger, older) \_\_\_\_\_  
*Please note: there is no guarantee as to placement*

How did you hear about TLC Camp? \_\_\_\_\_

Do you have a Lombard Junior affiliation: *please give name(s)* \_\_\_\_\_

2. Have you attended camp as a camper? Yes \_\_\_\_\_ No \_\_\_\_\_ Year(s) (e.g.; 2009-2012) \_\_\_\_\_

3. Please circle any areas of ability or interest in the following:  
 Arts & Crafts Sports & Games Food Special Events General

4. What days are you available? Monday Tuesday Wednesday Thursday Friday All

5. References: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Education Information:  
 High School \_\_\_\_\_ # Years Completed \_\_\_\_\_  
 College \_\_\_\_\_ # Years Completed \_\_\_\_\_ Major \_\_\_\_\_

7. Do you hold any certifications? (e.g.; Lifesaving, CPR) \_\_\_\_\_



# TLC STAFF MEDICAL HISTORY FORM

Name: \_\_\_\_\_

1. List any allergies (medicine, food, molds, insect bites etc.)

\_\_\_\_\_

2. List any physical restrictions or limitations to camp activities

\_\_\_\_\_

3. List any special equipment you use (crutches, wheelchair, etc.)

\_\_\_\_\_

4. List any special dietary needs

\_\_\_\_\_

5. List any special vision or hearing problems

\_\_\_\_\_

6. List any medical problems you may have at camp (hay fever, diabetes, asthma, seizure disorder, etc.)

\_\_\_\_\_

7. List any medications you are currently taking

\_\_\_\_\_

8. Have you had Chicken Pox? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Have you had the Varicella (chicken pox) vaccine? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Date of last Tetanus vaccine \_\_\_\_\_

11. Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

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## MEDICAL TREATMENT CONSENT INFORMATION

To be used by medical staff and/or emergency room personnel.

I hereby grant permission for the medical staff to administer routine care, medications, and determine need for lab / x-ray studies for my child, as well as any emergency care required    YES    NO

Parent or Guardian signature  
(If under 21 years of age)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Relationship: Mother    Father    Guardian

Date (Mo /Day/Yr)

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LOMBARD JUNIOR WOMEN'S CLUB



### **Waiver and Consent Form**

Please read this form carefully. Be aware that by signing to participate in the above program, you will be waiving and releasing all claims for injuries you might sustain arising out of the above program.

I understand that the TLC Camp, Inc. program will include not only normal activities conducted on the campgrounds but also certain field trips and other activities outside the campgrounds, which will require transportation to and from these locations. I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and I agree to assume the full risk of any such injuries, damages, or loss, regardless of severity, which I or my child may sustain as a result of participating in any activities connected or associated with any such program.

I waive and relinquish all claims I may have against the Lombard Park District, the Lombard Junior Women's Club and their officers or agents, servants, employees, volunteers and medical staff as a result of participating in the above program. I hereby fully release and discharge the Lombard Park District, the Lombard Junior Women's Club and all of their officers or agents, servants, employees, volunteers and medical staff from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my participation or the participation of my child or children in the above program. I further agree to indemnify and hold harmless and defend the Lombard Park District, the Lombard Junior Women's Club and their officers or agents, servants, employees, volunteers and medical staff from any and all claims resulting from injuries, damages or losses sustained by me or by my child or children, and arising out of, connected with, or in any way associated with the activities on the TLC Camp, Inc. program.

I understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment at Good Samaritan Hospital, 3815 S. Highland Ave., Downers Grove, Illinois 630-275-5900 and the administration of medication by Lombard Park District and Lombard Junior Women's Club agents as prescribed by a physician and or non-prescription medications as may be required to safeguard the health and well-being of the participant if it is necessary during the activity (is). I further understand that the Lombard Park District and the Lombard Junior Women's Club carry no accident coverage on participants and that immediate medical attention and/or hospitalization will be the sole responsibility of the individual in question and/or the parent or guardian.

I understand that unless specifically stated in writing at the time of this registration, photographs of participants may be taken. I realize that our rights to privacy will be protected in all photographs and publications of the Lombard Park District and Lombard Junior Women's Club activities. I have been made to understand that no personal information other than first name and hometown will be released and this meets my approval.

I have read and fully understand the Lombard Park District and Lombard Junior Women's Club policies pertaining to participation in the TLC Camp, Inc. program that the above information details and waiver and release all claims.

**I fully understand that TLC Camp, Inc. hours are 9:00 am to 3:00 pm Monday through Thursday and 9:00 a.m. to 10:30 p.m. Friday during the week of camp.**

Printed Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(If applicant is under age 21)

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## TLC CAMP, INC. CODE OF CONDUCT

I, \_\_\_\_\_, hereby believe I am a positive role model for children. I have not been involved in any activities or events that could jeopardize the reputation of TLC Camp, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you have been involved in an activity or event that you feel may be questionable, please write what occurred and when the event happened so that only the directors are aware of it and can determine if they feel it would indeed jeopardize the reputation of TLC Camp, Inc.

I, \_\_\_\_\_, am not sure so here is the information that the directors, can use to make a determination if my involvement in activities or events may jeopardize the reputation of TLC Camp, Inc. All information provided will be kept confidential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Examples:

DUI

Suspensions or Expulsions from school

Convictions of ...

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