



**60<sup>th</sup> Annual  
Oklahoma Forestry Camp  
Camp Staff Application**

**Due: April 15<sup>th</sup>, 2016**

**Applicant Information**

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Gender:  Male  Female Name preferred on Name Tag: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_

Position Applied for:  Camp Counselor (minimum age 18)  Camp Adult Volunteer (minimum age of 25)  
\*stipend available \*camper scholarship available

Do you have current CPR Certification?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have current First Aid Certification?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you attended this camp before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you attend for the entire camp week?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have current Lifeguard Certification?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

In emergency contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ (Adult sizes)

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO

College/Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

