



WITH OPEN MINDS

Friendship: The Route to Peace

DIVERSITY CAMP

Staff Application – Part 2

2012 Camp Sessions: GIRLS Friday, 4:00 PM, July 20th – Sunday, 4:00 PM, July 22nd
BOYS Saturday, 9:00 AM, June 23rd – Saturday, 3:00 PM, June 30th

Please Print

Applicant Information

Name: _____
First Middle Last

Male Female (Circle one) Date of Birth: _____ Age at camp: _____

e-mail: _____ School you currently attend: _____ Grade in Fall: _____

Your ethnic heritage: _____ Country of origin: _____

Native Language: _____ Second Language: _____

Have you attended a residential (overnight) camp before? – YES – NO Are you a returning staff member? – YES – NO

Alternate Emergency Contact Information:

Name: _____ Relationship: _____

Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____

Address: _____
Street City Stat e Zip Code

Insurance Information

Name of health insurance provider: _____ Health insurance policy number: _____

Name of Doctor: _____ Doctor's phone number: (____) _____

Permission for Photo & Video Release

With Open Minds requests permission to use photographs or video footage of campers and staff in publications (newsletters, brochures, websites, etc.) By signing below, you give your permission to With Open Minds to use photos or videos of you in publications, unless you check the "NO" box below. For more information, contact Marilyn Kellogg at 603-793-3333.

Signature _____

Date _____

NO - I do not wish to have photos or video of me to appear in publications.

Questions about the program? Visit us at www.withopenminds.org or call us at 603-793-3333.