

**Counsellor-in-Training Application Form**

*Please complete and send in by June 15, 2008*

Name: \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Date of Birth: (Must be at least 16) \_\_\_\_\_  
Church Affiliation: \_\_\_\_\_

**Camping Experience: (Please describe all of your previous camping experience including the names of any camps you have attended and the years - Use additional paper if necessary.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification: (Please list any Certification or Awards you have - i.e. Life Saving etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Interests & Skills: (Please list any interests, skills or experiences that you have, which might be useful at camp.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Faith Development:** (Camp Lorrain is a Christian camp run by The United Church of Canada. Worship and Christian Faith Development are part of the daily life at camp. Please tell us about your interest in working at a Christian camp and about what you would bring to that experience - i.e. Church Sunday School, Vacation Church School, Church Membership/Confirmation, general comfort level with religious faith.)

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**Special Needs:** (Please list any special needs that you may have - physical, dietary, medical etc.)

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**Please have your Minister or a United Church Minister in your area complete the following:**

I have discussed this application with the applicant and believe that he/she is an appropriate candidate for the Counsellor-in-Training program at Camp Lorrain in Manitou Conference.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please note that as a Counsellor-in-Training you will be expected to attend the Staff Training Week from June 30 - July 4, 2008, the Scamp Camp from July 6-11, 2008, and at least one of the other regular Camps and if qualified the Canoe Out-Trip program from August 3 - 8, 2008. The fee for this program is \$100.00.*

**Signature of Applicant:** \_\_\_\_\_

*Please complete this Application in full and send with a \$50.00 non-refundable (unless camp is cancelled or your application is rejected) deposit to:*

**Camp Lorrain Registrar  
P.O. Box 582  
COBALT, ON P0J 1C0**

**Please make cheques payable  
to Camp Lorrain. Balance of the  
\$100 due on arrival at Camp.**

**Counsellor in Training MEDICAL FORM**

Camper's Name: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Family Doctor's Address: \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail Address (optional) \_\_\_\_\_

**Parent or Guardian Please Complete the Following (please print)**

Is camper immunized? (Please check)

Tetanus \_\_\_\_\_ Date: \_\_\_\_\_ Polio \_\_\_\_\_ Date: \_\_\_\_\_

MMR \_\_\_\_\_ Date: \_\_\_\_\_ Diphtheria \_\_\_\_\_ Date: \_\_\_\_\_

Allergies? Bee, wasp or hornet sting \_\_\_\_\_ Penicillin \_\_\_\_\_ Other drugs \_\_\_\_\_ Animals \_\_\_\_\_  
Foods (Please List)

Carries ANA kit: yes \_\_\_ no \_\_\_ Carries Epi-pen: yes \_\_\_ no \_\_\_

Describe any physical or emotional characteristics that may be useful knowledge for the camp health care staff:

Describe any treatments or special medications to be given at camp:

List any restrictions to camp activities:

To the best of my knowledge this camper is in good health and able to participate in all camp activities. (Signed by parent or guardian)

Does camper use medically prescribed earplugs? Yes \_\_\_ No \_\_\_

Is your child a bed wetter? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

Does your child have any diagnosed learning disabilities (i.e. ADD/ADHD or Autism)?

Yes \_\_\_ No \_\_\_ If yes please describe the condition and we will try to accommodate it:

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*Send prescription drugs in a pharmacy container with the name of camper, medication, and dosage information clearly visible. These are to be given to camp nurse on arrival.*

Name of medication: \_\_\_\_\_

When administered: \_\_\_\_\_

**Allergies:**

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**Medical conditions:**

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Can camper have \_\_\_\_\_ Tylenol or \_\_\_\_\_ Motrin, if necessary?

As a parent or guardian, I hereby authorize the camp director(s) or nurse to secure medical services as may be deemed necessary for the health and safety of my child (ward).

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

To the best of my knowledge, all the above information is correct.

Signature of parent or guardian:

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Date:

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