STAFF/VOLUNTEER INFORMATION

BASIC INFORMATION

Name: Sex: ❒ F ❒ M DOB: Age:

Address:

City: State: Zip:

Business address:

City: State: Zip:

Email address:

Daytime phone: Evening phone:

Role at Avanti (circle one): Admin Program Cabin/WL Practicum Volunteer

T-shirt size (all sizes are unisex): Small Medium Large X-Large XXL

EMERGENCY CONTACT

Primary emergency contact:

Relationship: Phone:

Address:

City: State: Zip:

Secondary emergency contact:

Relationship: Phone:

Address:

City: State: Zip:

HEALTH INFORMATION

Name of physician: Phone:

Name of dentist/orthodontist: Phone:

Do you carry medical insurance? ❒ Y ❒ N

Insurance company: Policy or group number:

I have special dietary needs that will require shopping during my time at Camp Avanti: ❒ Y ❒ N

My special dietary needs are:

Conditions

	Condition	Approximate dates:	Treatment:
❒	Frequent ear infections	Approximate dates:	Treatment:
❒	Heart defect/disease	Approximate dates:	Treatment:
❒	Seizures	Approximate dates:	Treatment:
❒	Diabetes	Approximate dates:	Treatment:
❒	Bleeding/clotting disorder	Approximate dates:	Treatment:
❒	Skin condition	Approximate dates:	Treatment:
❒	Asthma	Approximate dates:	Treatment:
❒	Arthritis	Approximate dates:	Treatment:
❒	ADHD	Approximate dates:	Treatment:

Allergies

❐ Hay fever Typical reaction: Treatment:

❐ Poison ivy Typical reaction: Treatment:

❐ Insect stings Typical reaction: Treatment:

❐ Penicillin Typical reaction: Treatment:

❐ Other drugs Typical reaction: Treatment:

❐ Food (kind) Typical reaction: Treatment:

❐ Other Typical reaction: Treatment:

Other diseases or details of above:

Operations or serious injuries (include dates):

Chronic or recurring illness/disability:

Any specific activities to be restricted:

TRAVEL INFORMATION

Stipend needed:

Social Security #:

Travel method (car, plane, etc.):

Arrival flight airline(s): Date: Time:

Arrival shuttle information—time arriving in Baldwin:

Renting a car? ❐ Y ❐ N

Driver's arrival date: Driver's arrival time at Icaghowan:

Departure flight airline(s): Date: Time:

Departure shuttle information—pick up time in Baldwin:

Driver planned departure day: Driver planned departure time:

ADMIN/PROGRAM/CABIN/WONDERLAB STAFF ONLY

Work stipend needed (max $400):

Travel stipend needed (anticipated airfare, shuttle or mileage) (max $400):

Any amount donating back to Camp Avanti:

CABIN AND WONDERLAB STAFF ONLY

Wisconsin therapy license number*:

Wisconsin license in process: ❒ Y ❒ N Submitted: ❒ Y ❒ N Date submitted:

Liability insurance carrier**:

Liability insurance policy number:

SIGNATURE

I understand that I need to be at camp by 6:30 p.m. Thursday, June 27, 2013 through 12:00 p.m. Saturday, July 6, 2013. It is also understood that all Wonderlab and cabin occupational therapy staff need to obtain a Wisconsin license and liability insurance in order to participate in Camp Avanti. For questions, call or email Kris Worrell at (715) 256-7727 or kris@campavanti.com. By submitting this information, I agree to these requirements.

Signature: Date:

**Therapy staff needs to have Wisconsin licensure. If license is neither in process nor submitted, contact Kris Worrell immediately. Bring receipts to camp for reimbursement purposes.*

***All professional staff need liability insurance and are responsible for their own.*