



CAMP NOT-A-WHEEZE 2017
May 27 – June 1

Counselor-in-Training (CIT) Application

Name: _____

Address: _____

City\Zip: _____

Home Phone: _____

Date of Birth: _____ Age as of May 27, 2017: _____

Names of Parents/Guardians: _____

Name of school attending: _____ Grade: _____

of years attended Camp Not-A-Wheeze: _____

T-shirt Size: S___ M___ L___ XL___

Explain in a one-page essay why you would like to attend *Camp Not-A-Wheeze 2017* as a Counselor-In-Training, and what qualities you have that would benefit camp. Please attach essay to this application.

Please include three letters of reference. Please list the names of the individuals writing your letters of reference:

1. _____
2. _____
3. _____

If I am accepted as a volunteer CIT at Camp Not-A-Wheeze 2017:

- 1. I understand that my room & board, and my participation in all activities are included as a volunteer. I further understand that no monetary or material compensation will be made for my time.*
- 2. I hereby acknowledge the risk involved in a camp environment and I release Friendly Pines Camp, the American Lung Association in Arizona, and all camp sponsors from liability for any injuries incurred while at camp.*
- 3. I consent to being photographed or videotaped while at camp. I understand that these recordings are used for camp promotions and fund raising and I do not expect monetary or material compensation for their use.*

CIT Signature

Date

Parent/Guardian Signature

Date



EMERGENCY CONTACT(S)

Name _____ Relationship _____
Home Phone: (____) _____ Work Phone: (____) _____
Address _____
City _____ State _____ Zip Code _____
Place of Employment _____ Work Hours _____

Name _____ Relationship _____
Home Phone: (____) _____ Work Phone: (____) _____
Address _____
City _____ State _____ Zip Code _____
Place of Employment _____ Work Hours _____

HEALTHCARE INFORMATION

Name of Medical Insurance Company _____
Policy Number _____
Policy Holder Name and SSN _____
Physician's Name _____
Physician's Address _____
Physician's Phone (____) _____

GENERAL MEDICAL HISTORY

Please list any special medication problems

Please list any allergies (bees, food, etc.)

Please list any drug allergies

Immunizations – Please include dates:

Tetanus _____ HIB _____ TB _____

Please list any medications

MEDICATION	DOSAGE	DOSING SCHEDULE	COMMENTS

Please return application as soon as possible to:

American Lung Association of Arizona
Attn: Stacey Mortenson
102 W McDowell Road
Phoenix, AZ 85003

Please call 602-258-7507 with any questions

ELIGIBILITY FOR APPLYING:

1. *Applicant must have been to Camp Not-A-Wheeze in the previous years as a camper.*
2. *Applicant must be at least 16 years of age.*
3. *Provide a one-page essay explaining why you would like to attend Camp Not-A-Wheeze 2017 as a Counselor-in-Training and what qualities you have that would benefit camp.*
4. *Applicant will provide three letters of recommendation from their school or community. Letters of recommendation from family members will not be accepted.*
5. *Applications must be submitted, no later than **April 1, 2017**. Applicants will be notified about the decision after **April 30, 2017**.*