

# Camp Darom 2010 Staff Assistant Application

For teens entering grades 9 - 10

**PROGRAM NOTE**

The 2010 Staff Assistant program at Camp Darom is limited to 6 participants. Applications must be received by our office no later than January 31, and letters of reference or interviews may be required.

Letters of acceptance will be mailed by March 1st.

Please return application to:  
 Camp Darom (901) 683-7485  
 c/o Baron Hirsch Congregation email: darom@baronhirsch.org  
 400 S Yates Road www.campdarom.com  
 Memphis, TN 38120

**Name:** \_\_\_\_\_ **Date of birth:** \_\_\_/\_\_\_/\_\_\_ **Male**  **Female**

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **St** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** (\_\_\_\_) \_\_\_\_\_ **email** \_\_\_\_\_ **Grade entering in Fall 2010** \_\_\_\_\_

**Father:** \_\_\_\_\_ **Home #** (\_\_\_\_) \_\_\_\_\_ **Cell #**(\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_ **Business #** (\_\_\_\_) \_\_\_\_\_

(if different) **street** \_\_\_\_\_ **apt#** \_\_\_\_\_

**email:** \_\_\_\_\_

**Mother:** \_\_\_\_\_ **Home #** (\_\_\_\_) \_\_\_\_\_ **Cell #**(\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_ **Business #** (\_\_\_\_) \_\_\_\_\_

(if different) **street** \_\_\_\_\_ **apt#** \_\_\_\_\_

**email:** \_\_\_\_\_

**Please list two emergency contacts that we may call if the applicant's parents cannot be reached:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone 1:** \_\_\_\_\_ **Phone 2:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone 1:** \_\_\_\_\_ **Phone 2:** \_\_\_\_\_

**EDUCATIONAL HISTORY** Please list all schools you have attended.

<u>Name</u>	<u>Location</u>	<u>Dates</u>	<u>Special notes (honors, etc)</u>
_____	_____	_____	_____
_____	_____	_____	_____

**CAMP HISTORY** Please list all camps you have attended. Start with the most current.

<u>Name of Camp</u>	<u>Position</u>	<u>Years</u>	<u>Day Camp or Overnight?</u>
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER WORK EXPERIENCE** Please briefly describe any relevant work experience you have had.

\_\_\_\_\_

Do you have any special certifications? (WSI, CPR, etc) \_\_\_\_\_

Do you have any special limitations? \_\_\_\_\_

Please write one paragraph explaining why you wish to work at Camp Darom and why you would like to be selected for the Staff Assistant program.

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

If selected to be a Staff Assistant at Camp Darom, I agree to abide by all camp rules and policies. I agree to stay at the camp site at all times. I understand that in order to sustain a proper atmosphere, I will not be allowed to have visitors, and that I will be expected to abide by any policies the camp sets with regard to cell phones and vehicles. I understand that this is a partial working position, for which I may attend Camp Darom at a discounted rate.

I certify that all of the information I have provided in this application is true and accurate.

Applicant please Sign \_\_\_\_\_ Date \_\_\_\_\_

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### Parent or Guardian Authorization/Waiver

- ◆ I hereby give my child permission to attend Camp Darom as a Staff Assistant, and to participate in all camp activities. I hereby give my child permission to leave the camp grounds and to ride in transportation provided by the camp, for supervised camp activities and/or medical treatment by qualified medical personnel.
- ◆ In case of surgical or medical emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. Camp Darom will make every effort to immediately contact parents in the event of an emergency. I understand that my child will not be permitted to attend Camp Darom until medical forms have been received.
- ◆ I do hereby waive, release and hold harmless Camp Darom, Baron Hirsch Congregation, and all their various divisions, officers, staff, volunteers and representatives for any injury that may be suffered by my child in the normal course of participation in the camp program, whether the result of negligence or any other cause.
- ◆ I agree to furnish the camp with any additional contact information they may need to get in touch with me during the camp season. This includes dates, location and phone numbers where I may be reached should I be traveling.
- ◆ I understand that Camp Darom has the right to dismiss any person who threatens the safety of him/herself or others; who willfully damages camp property; who willfully disregards the rules of the camp; who steals or intentionally damages the property of other people in camp; or who is found using or in possession of drugs or alcohol. The person will be sent home at the expense of the parent.
- ◆ I understand that my child will not be permitted to attend camp until all fees have been paid and medical forms have been received.

**The full tuition for the Staff Assistant program is \$1,345. This application must be accompanied by a \$250 non-refundable registration fee which will be applied towards the tuition. The balance of the tuition must be paid in full by May 1, 2009, unless arrangements are made with the business director. Cancellations made in writing before May 1 will be refunded in full, except for the registration fee. Cancellations made in writing by June 1 will be refunded by 50%. There will be no refunds for cancellations made after June 1.**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Staff Assistant applications must be received by January 31, 2010. Letters of acceptance will be mailed on March 1, 2010. Any applicant who is not accepted will have their entire registration fee refunded.