



Camp Alphiq  
**Staff Application**

*PLEASE PRINT*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact (name, relationship, telephone number):

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Medical Insurance Information (company name, address, policy number):

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List schools attended (or currently attending) and degrees earned (high school and beyond):

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Briefly describe any experience you have had working with children and young people (church, other camps, school clubs, etc.):

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Briefly describe any cancer-related experience you may have had:

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Please list your talents or interest that would benefit our campers (singing, crafts, sports, etc.):

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Camp Alphie  
**Staff Application**  
*(continued)*

List any current medical conditions (including allergies) that you may have; also list medications that you take on a regular basis:

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List any current certificates or specialized training that you have (CPR, water safety, Red Cross first aid, etc.):

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Are there any camp activities that may make you uncomfortable? (water, horses, heights, etc.):

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References:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

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

**Date:** \_\_\_\_\_

Alpha Delta Pi Member Information if applicable:

Collegiate or Alumna? \_\_\_\_\_  
College/University: \_\_\_\_\_

Chapter: \_\_\_\_\_  
Year of Initiation: \_\_\_\_\_

Return to: Camp Alphie Staff Application  
PO Box 3819  
Amarillo, TX 79116-3819