



Camp Alphiz  
**Staff Application**

*PLEASE PRINT*

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

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

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

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

Emergency Contact (name, relationship, telephone number):

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---



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:

---

---

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

---

---

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

---

---

References:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Telephone #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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

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

T-Shirt Size – S M L XL XXL

Alpha Delta Pi Member Information if applicable:

Collegiate or Alumna? \_\_\_\_\_

Chapter: \_\_\_\_\_

College/University: \_\_\_\_\_

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

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