



CONNECTICUT BURNS CARE FOUNDATION
The Arthur C. Luf Children's Burn Camp

RETURNING COUNSELOR/STAFF APPLICATION * 2010

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work _____ Cell _____
E-Mail _____ T-shirt Size _____

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Are there any changes over the last year which would preclude you from participating in activities this year? Yes _____ No _____
If yes, please indicate why: _____

Are you or have you ever been under any charge of child abuse? Yes _____ No _____

Have you been arrested this year? Yes _____ No _____
If yes, please explain: _____

Please list any allergies: _____

Do you want to share your name, address, phone and e-mail with other counselors? Yes _____ No _____

NOTE: At no time do you ask or take a child's name and address. If a child wants your name to write to you, give them the Foundation's address so that we can date when they first contacted you. This is due to the Right of Privacy Law. The address of the Foundation is:

**Connecticut Burns Care Foundation, Inc.
601 Boston Post Road - Milford, CT 06460**

In case of emergency, please contact:

Name: _____ Relationship: _____
Home Phone: _____ Work: _____ Cell: _____

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I attest that the information provided is accurate and truthful to the best of my knowledge:

Name (Please Print) _____

Signature: _____ Dated _____

