



**Emergency Contact:**

Whom should the Camp Director notify in case of an emergency? Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**References:**

Please provide three references who can attest to your ability to work with children. They will be mailed an evaluation form to complete and return. Please do not list family members. Returning staff members do not need to complete this section.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

The information you have provided will be used to perform a Colorado Bureau of Investigation Criminal Background Check, and a Central Registry for Child Protection Check and will be kept strictly confidential. These background checks are required under Colorado State Law. Your signature below grants permission for these background checks to be completed. Your signature also signifies your commitment to attend the camp indicated above. It is understood that you will make every effort to attend Cabin Leader Training and acknowledge that failure to attend will result in your disqualification. Your health statement and release form must be completed and turned in no later than the first day of camp. Your signature on this form also indicates that the information you have provided is true and complete to the best of your knowledge. "Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and upon conviction thereof, shall be punished accordingly."

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Thank you for your application! Please return your completed application form to:  
Carolyn Brown, 905 Forest Edge Pl., Woodland Park, CO. 80863.**

**Application Deadline April 1.**

**Once your application has been received and accepted, you will be mailed additional forms to complete prior to camp.**

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*Each cabin leader is permitted to bring one child who is an immediate relative and of camping age to the camp free of charge. If you will have a child or children attending the camp with you, please complete the following:*

Please list the names of all children in your family who will be at the camp:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*If you would like any of these children to be housed in your cabin, please indicate below as well as on their registration form. Thanks!*

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