

YPSILANTI COMMUNITY HIGH SCHOOL MARCHING BAND
Camp Counselor Personnel Record
Rule 109 (7)

Staff Name: _____

Street Address _____ City _____ State _____ ZIP _____

Gender: Male Female

Instrument _____

Date of Birth _____ age _____

Driver License/State Identification number _____

Home Phone _____

email _____

Emergency Contact: _____ phone # _____

TRAINING

CPR/ 1st Aid Certified (please attach current card) YES NO _____

Basic Water Safety YES NO _____

Previous Band Camp Experience YES NO _____

Previous Day or activity camp Experience YES NO _____

Have you ever been convicted of anything other than minor traffic violation? If yes please explain

I have received a copy of and understand the following policies:

1) Job Description and Child Protection Law 2) Behavior Management Policy 3) Emergency Procedure

Signature _____ date _____

If over 21 I will complete the attached DHS Clearance Form and take it to my local DHS office for processing

Signature _____ date _____

I have completed the YCS Volunteer Release Form and the YCS Confidentiality Agreement and returned them with this application. I UNDERSTAND YCS WILL DO A BACKGROUND CHECK VIA OTIS, ICHAT AND THE STATE SEX OFFENDER REGISTRY AT NO COST TO MYSELF.

Signature _____ date _____

I have filled out the Medical History Form and the Current Medication form and returned it with this form

Signature _____ date _____

Reference Checks - Please list three people (not family member) who you have worked for or can give a character reference. Please clearly print their name, your relationship and a good phone number

Name _____

Relationship _____

Phone Number or e-mail _____

Name _____

Relationship _____

Phone Number or e-mail _____

Name _____

Relationship _____

Phone Number or e-mail _____