

Summer Staff Information Form

Contact II	110:		
Name:		Cell Phone:	
Email Add	ress:		
Parent's o	r Guardian Name:		
Parent's o	r Guardian Address:		
Parent's o	- r Guardian Email Address:		
Preferred	t-shirt size (based on adult male sizing):		
Travel In	fo:		
	Please arrive on Monday, J	une 9, 2019 at 3pm at Luther Glen.	
	39136 Harris Ro	ad, Oak Glen, CA, 92399	
<u> </u>	will be dropped off at camp on:		
<u> </u>	will drive to camp (and keep a car onsite	e). I will be arriving on:	
Make:	Model:	Color:	
License #:	State:	# of seats:	
<u> </u>	will fly to camp.		
Arrival Da	te: Arrival Time:	Airport:	
Airline:		Flight #:	
	Other (please explain):		
First Aid	/CPR Training:		
	re required to be certified in CPR, First as and Conferences offers this training as	Aid and AED for Adult and Child. Lutheran Res a part of staff training at a cost of \$40.	treats,
Aid/C	will taking the American Red Cross First PR for Adult & Children training course staff training.	NO, I will be completing the requir Red Cross First Aid/CPR for Adult training course before arriving at ca will bring my certification cards with	& Children imp, and I
Lifeguard	d Training:		
_	ard Training course is offered as an opt \$60. Training will take place at Luther G	ion to all staff. The certification is good for two	years and
	will be taking the American Red Cross	NO, I am not interested in taking the Red Cross Lifeguard training course	

Please describe the days and reasons why you are requesting time off. Time off requests during your employment are not guaranteed and must be approved by the Executive Directors. Dates Requested: ______ Reason(s): ______

Time off Requests: