



Application for Camp Rainbow Ambassador (Counselor & Unit Heads)

This form can be photocopied.

Applicant

Last Name	First Name	Middle		
Initial				
()	()			
Home Phone	Cell Phone	Email		
Street Address	City	State	Zip	
Date of Birth	Age			

Survivor YES NO Diagnosis _____ Hospital _____

School Information (as applicable)

School Name	Next Year's Grade		
School Street Address	City	State	Zip

Employer Information (as applicable)

Employer	Position		
Street Address	City	State	Zip

Please indicate yes or no to the following statements:

- Yes No I enjoy meeting new people.
- Yes No I am not shy around strangers.
- Yes No I enjoy having my picture taken.
- Yes No I follow directions well.
- Yes No I am willing to share my cancer story (as applicable).

Name: _____

Camp Rainbow Attendance

Please indicate which Camp Rainbow camps attended. Where possible, please also indicate the dates of attendance.

<u>Camp Rainbow Camp</u>	<u>Dates of Attendance</u>	<u>Camper, Counselor, Unit Head</u>

Describe the impact Camp Rainbow has had in your life.

Please tell us the impact Camp Rainbow has had on your life. You should attach no more than one page which may contain an essay, a picture, a drawing, etc. Creativity welcome.

Please list Extra-curricular activities, community service and leadership experience. Attach extra sheet, if needed.

Describe how you promote the mission of Camp Rainbow.

Signature

The information on this form & contained in the application package is true & correct to the best of my knowledge as evidenced by these signatures.

Applicant's Signature		Date
_____	()	_____
Parent/Guardian's Signature (if applicant is under 18)	Daytime Phone	Date