



Application for Camp Rainbow Ambassador (Sibling 8-17 years old)

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					
Sibling's Diagnosis				Hospital			

School Information (as applicable)

School Name			Next Year				
School 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 am willing to have my picture taken. |
| Yes | No | I follow directions well. |
| Yes | No | I am willing to share my cancer story. |

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>Additional Comments</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.

In your words, tell us your story.

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 _____

Name: _____

Fenton, MO 63026

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