



Therapy Intensive Programs, Inc.
Kathy Berger, Director
♥ A Special Camp for Special Kids and their Families ♥

KRIS' CAMP 2010: STAFF APPLICATION

NAME: _____ **DOB:** _____ **SSN (Social Security #):** _____
(This is required by the IRS for all therapists and assistants grossing \$600 or more in the fiscal year.)

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

MOBILE PHONE: _____

EMAIL: _____

POSITION OF INTEREST:

- Therapist (type: _____)
 Assistant
 Volunteer
 Sib camp staff
 Cook

CAMPS/DATES AVAILABLE:

I Can Camp Malibu June 8-11 [ages 9-15]

Therapy Camp Idyllwild June 17-23 [ages 4-15]

Therapy Camp Idyllwild June 24-30 [ages 4-15]

Phoenix, AZ Therapy Camp August 1-7 [ages 4-15]

I AM INTERESTED IN ATTENDING THE CONTINUING EDUCATION COURSE IN (you will need to fill out an application to register; please contact us for a hard copy or digital version):

Phoenix, AZ May 22-23

Malibu, CA June 5-6

Atlanta, GA Oct 23-24

3359 Creek Road ♥ Salt Lake City, UT 84121
phone: 801-733-0721
fax: 801-942-1750
web: www.kriscamp.org
email: info@kriscamp.org

PLEASE EXPLAIN WHY YOU ARE INTERESTED IN WORKING AT KRIS' CAMP. (You may use the back of the application or additional pages as needed).:

PLEASE LIST ANY DIRECT EXPERIENCE OR EDUCATIONAL EXPERIENCE YOU HAVE HAD WORKING WITH CHILDREN, CHILDREN WITH DISABILITIES, ETC.

1. _____
2. _____
3. _____

DO YOU HAVE ANY HISTORY OF BACK PROBLEMS OR ANY MEDICAL PROBLEMS THAT MAY AFFECT YOUR VOLUNTEER WORK WITH KRIS' CAMP? PLEASE EXPLAIN.

PLEASE LIST REFERENCES THAT WE MAY CONTACT:

1. WORK REFERENCE:

COMPANY :
DATES OF EMPLOYMENT:
PERSON TO CONTACT:
ADDRESS:
PHONE :

2. EDUCATIONAL REFERENCE

SCHOOL/PROGRAM :
DATES ATTENDED:
PERSON TO CONTACT:
ADDRESS:
PHONE :

3. PERSONAL REFERENCE

PERSON TO CONTACT:
RELATIONSHIP:
ADDRESS:
PHONE :

PLEASE RETURN THIS APPLICATION, ALONG WITH 3 LETTERS OF REFERENCE (ONE MAY BE A PERSONAL REFERENCE) TO:

KRIS' CAMP

3359 Creek Road, Salt Lake City, UT 84121
or leidy@kriscamp.org; or fax to: 801-942-1750