For Office Use ONLY
Date Received _____
Date Contacted _____
Interview Date _____

MedCamps of Louisiana
102 Thomas Rd. Ste. 615
West Monroe, LA 71291
Tel: (318) 329-8405
Fax: (318) 329-8407
www.medcamps.org

2017 Camp Mom Application

Thank you for your interest in a Camp Mom at MedCamps of Louisiana!! Applications will be accepted until all available weeks had been filled. You may send the completed application to Kacie Hobson at kacie@medcamps.org or mail to:

MedCamps of Louisiana
Attn: Counselor in Training Application
102 Thomas Rd. Suite 615
West Monroe, LA 71291

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PERSONAL INFORMATION

Name: _____
First Middle Last

Preferred Name (The name you would like to go by): _____ T – Shirt Size _____

Current Address: _____
Street

_____
City State Zip Code

Permanent Address: _____
Street

_____
City State Zip Code

Phone #s: _____
Permanent Cell

Email Address: _____

Please select which week you would like to be the Camp Mom for:

_____ June 4- June 9: Camp Rolling Thunder for children ages 6-16 with Spina Bifida and orthopedic conditions
_____ June 11- June 16: Camp Kandoo for children ages 6-13 with Developmental Disabilities
_____ June 18- June 23: Camp Big Hearts for children ages 6-16 with Hearing/Speech/Visual Impairments & Camp Easy Breeze ages 6-16 for children with Asthma
_____ June 25- June 30: Camp Shining Stars for children ages 6-16 with Epilepsy/Seizure Disorders
_____ July 9- July 14: Camp Rough Riders for children ages 6-16 with Cerebral Palsy
_____ July 16- July 21: Camp Smiling Suns for children ages 14-21, with developmental disabilities
_____ July 23- July 28: Camp Little Giants for children ages 6-16 with Sickle Cell

Applicant Signature _____ **Date** _____