



## Schoharie Valley Community Camp Staff/Volunteer Medical History & Background Information

As a Day Camp Program we are required to obtain the medical history and run background checks of all Day Camp Staff and Volunteers. ***Please return this information by July 2<sup>nd</sup> so that the background checks can be completed before the first day of camp.*** Please send completed form to

Schoharie Reformed Church, PO Box 635, Schoharie, NY 12157 or e-mail [schohariereformedchurch@yahoo.com](mailto:schohariereformedchurch@yahoo.com). Please know that this information will be kept confidential except in the case of emergency.

### Health Information:

Are all your immunizations currently up to date? \_\_\_\_\_yes \_\_\_\_\_no

Please list any allergies, special dietary needs, or specific illnesses that we should be aware of:

---

---

Please list any Medications you are currently taking:

---

---

### Background Information:

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License # (if applicable) \_\_\_\_\_

Have you ever been convicted of a felony \_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain and give date

I hereby attest that the above information is up to date and accurate to the best of my knowledge and that failure to produce accurate information could result in my inability to be a staff member or volunteer for the Schoharie Valley Community Camp.

Signature \_\_\_\_\_ Date \_\_\_\_\_