



MPH Cabin Leader Application

2020

Date: _____ Applicant's Last Name: _____
MM / DD / YYYY

Full Name: _____
First Middle Last

Have you previously worked or volunteered at a camp, other than MPH? YES NO

If yes:

Name of camp: _____ Job Title: _____

Dates of employment/service: _____ to _____

Duties: _____

Why do you want to be an MPH Cabin Leader? _____

Certifications – please indicate any certifications that you possess:

<u>Certification</u>	<u>Date of Expiration</u>	<u>Certifying Organization (example-Red Cross)</u>
<input type="checkbox"/> Basic CPR	_____	_____
<input type="checkbox"/> Prof. Rescuer CPR	_____	_____
<input type="checkbox"/> First Aid	_____	_____
<input type="checkbox"/> Basic Lifeguard	_____	_____
<input type="checkbox"/> Waterfront Lifeguard	_____	_____
<input type="checkbox"/> WSI or PSI	_____	_____
<input type="checkbox"/> Mandt	_____	_____
<input type="checkbox"/> Other	_____	_____

Individuals who are selected as Cabin Leaders will be required to hold a current CPR certification. The camp will host a free CPR course prior to each summer. If you are unable to attend that course or would like to attend a different course, you may contact the office about financial support.

I state that all information on this application is true and complete to the best of my knowledge. I hereby give my consent to MPH to use me (my name, picture, likeness, writings, biographical information, audio tape and/or videotape recordings and sound and/or silent motion pictures of me) in any medium for editorial, educational, promotional and advertising purposes, for the solicitation of contributions and for any other purpose in the furtherance of the corporate purposes and objectives of MPH.

Date

Signature of Cabin Leader Applicant

FOR OFFICE USE ONLY

Applicant has attended/completed the following:

- ALT
- Interview (date of interview): _____
- is 18 years or older
- CRR
- CPR/1st Aid (date completed): _____
- MPH counselor 2 or more years

Notes: _____

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