



Dear Camp AsthmaCadabra Volunteer,

The American Lung Association of Pennsylvania-Scranton/Wilkes Barre Office and the Max and Lorraine Foundation will hold its 19th annual Camp AsthmaCadabra, **August 3 through August 6, 2017**. Please take a minute and mark these dates on your calendar.

The purpose of this letter is to ask for your help and to determine your willingness to volunteer for Camp 2017. Planning has already begun, and the camp committee needs to have an idea of the staffing situation. Our plans are to accept up to 60 children; our ability to do this depends on volunteer commitments made. Therefore, I hope you will consider helping again.

All camp volunteers 18 or over are required to complete a child abuse and criminal background check every three years. Please check the date on your last check if you have volunteered for camp in the past.

If you are interested in volunteering for Camp, please complete and return the bottom portion of this letter to the American Lung Association of Pennsylvania ASAP. **Please return the form as soon as possible to the ALA address listed below or email to adelonti@lunginfo.org.**

Thank you in advance for your assistance. Hope to see you at Camp!

Anthony Delonti
Anthony Delonti
Camp Director
adelonti@lunginfo.org

Lisa Pupa
Lisa Pupa
Camp Coordinator
lldp9270@aol.com



Please Print **Age by August 3, 2017 (please check one):** ___ over 18 ___ under 18

Name: _____

Home Address: _____

City: _____ County: _____ State: _____

Zip Code: _____ Phone (day): _____ (cell): _____

Email: _____

Sex ___ Male ___ Female

I prefer to be contacted via: ___ phone(home) ___ phone (cell) ___ email

Employer (if applicable): _____

Job Title: _____

(if student) Name of school/college: _____

American Lung Association of PA-Scranton Office,
117 First Street
Eynon, Pa 18403
Telephone: 610-253-5060 x 250
Fax: 570-876-0245

Max & Lorraine Foundation
P.O. Box 8
Mountaintop, Pa, PA 18707
Telephone: (570) 417-0239
Fax: (570) 474-5256

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____ (circle one: home / work / cell)

- I am volunteering as a
- Camp Counselor (Thursday 2 p.m. – Sunday 2 p.m.)
 - Nurse
 - Nurse Practitioner
 - Respiratory Therapist
 - Physician
 - Asthma Educator
 - Program/Activity Assistant
 - Other _____

Times available on these days: Thursday, Aug 3 _____ Friday, August 4 _____
Saturday, Aug. 5 _____ Sunday, Aug. 6 _____.

How did you hear about camp? _____

Have you worked at camp before? Yes No

If yes, for how many years? _____

Do you have experience with asthma? Yes No

If yes, explain _____

Do you have experience working with kids? Yes No

If yes, explain _____

Why would you like to work at camp? _____

If applicable, does your liability insurance cover you while working at camp? Yes No