

Sample Form (Camps may use their own form, but their form must contain the information requested below.)

STAFF ROSTER

Camp Name: _____ 3 or 4 Digit License # _____

If more than one program under camp license, give program name _____

Town: _____

Staff List Prepared By _____ Date Prepared ____/____/____

PLEASE PRINT

Note: All staff age 15 or older must be listed. Counselors age 15 must be supervised by staff at least 18 years of age.

Background checks are required for all youth camp staff members 18 years of age and older who care for children or have unsupervised access to children.

Last Name	First Name	Position or Title	Date of Birth month/day/year

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Place an asterisk (*) by each person's name who has met the requirements for Director of First Aid (First Aider) or the Nurse listed on the website under Staff Certification Requirements.