



Staff Information Form 2010

* Part 1: Staff Information

Name: _____ Date of Birth: _____

Permanent Phone Number: _____ (please circle one: Cell or Home)

Permanent Address: _____

(This address will be used for any post-employment mailings including W2 tax forms, sent in early 2011).

Emergency Contact Name: _____ Relationship to you: _____

Emergency Contact Phone Number: _____

* Part 2: Insurance Information

In order to work at Morry's Camp you must have insurance coverage. If you have insurance on your own, through your parents, through work, through school, or through BUNAC/CCUSA that is fine and most likely provides more extensive coverage than the Morry's Camp Accident and Illness Insurance plan. If you do not have insurance through any of the above areas, you can sign up for the Morry's Camp Accident and Illness Insurance. You **MUST** have some type of insurance policy this summer.

Please Select one of the two options below:

 YES, I accept the Morry's Camp Accident and Illness Insurance Program at a cost of \$100.00 (Please keep in mind that the Morry's Camp Accident and Illness Insurance plan covers accidents and illness and is not general medical insurance.):

* I understand that this policy covers the following:

1. The insured staff member will receive, for each accident up to a maximum of \$5000.00.
2. For each illness, up to a maximum of \$5000.00.
3. For dismemberment or accidental death, a lump sum payment of \$7500.00.

* Coverage is in effect up to 26 weeks following each accident or illness.

* Benefits include necessary hospital, medical and surgical care and services and supplies such as prescription medications, x-rays and nursing.

*** If you choose the Morry's Camp Insurance Program, we will deduct the \$100.00 cost from your salary unless otherwise instructed.

 No, I do not accept the Morry's Camp Medical Insurance Program outlined above. I am covered by the following Insurance Company and Policy:

* Name of Insurance Company and Policy: _____

* Policy Number: _____

* Hospitalization: _____

* Major Medical: _____

*Surgical: _____

Part 3: Payday information

Morry’s Camp pays employees in one of two electronic options described below. Each employee must select which method of payment works best for him or her.
(Attention: International Staff do not need to fill out this section)

I would like to be paid via (circle one) *Visa Debit Card OR Direct Deposit*

- a) Visa Debit/ATM Card: This is a card that you will be issued in coordination with our payroll company. This card will not be associated with a bank account; rather funds will be added to this specific card from payroll on scheduled paydays.
- b) Direct Deposit into your existing bank account: If you have an existing bank account (or open one prior to employment) you can provide us with bank routing numbers. Using this option each payday our payroll company will add funds on scheduled paydays directly to your account.

Both options will have additional information provided, if needed, on our website in the summer employment section.

Part 3: Automobile at Camp/Driver’s License Information

* This should be completed by the following staff members who are either:

- 1. Planning to bring automobiles to camp
- 2. 21 years of age or older with a valid drivers license (21 years of age or older as of 06/29/10).

A) **Age** as of June 29th, 2010: _____ **Birthday:** _____
Driver’s license number: _____
Expiration Date: _____ **State of Issuance:** _____

We are requesting this information so that you may be properly insured at any time you transport fellow counselors or campers in the conduct of camp business.

I, _____, authorize *Morry’s Camp* to obtain my Motor Vehicle Records report for employment purposes. I authorize anyone to disclose this information to *Morry’s Camp* and release all persons any liability for obtaining or providing this information. I agree that a photocopy or fax copy of this authorization is as valid as the original.

By: _____

*** Part 4: Certifications**

If you have any official certifications or training pertaining to camp (i.e. CPR, first aid, life-guarding, water-safety, WFR, EMT, etc...) please list below:

Type of Certification:

Certification Issued by (i.e. American Red Cross):

Date Certification was Received: _____ Date Certification Expires: _____

*Please attach photocopy of certification certificate or card!!!

Signature of Staff Person: _____

Print Name of Staff Person: _____ **Date:** _____