

2012 SSI Aide-de-Camp Application Form

Please **print this page** and the Health and Medical Release form, fill them out (print clearly), and mail with payment to SSI. In addition, you will also be asked to answer further questions on an **NEW ONLINE APPLICATION** below. Once both applications are received and reviewed, you will be notified as to whether you are accepted and therefore able to attend. Limited slots are available for each week. For more information on the ADC position, visit the SSI web site at www.ssi-online.org/summer/ADC.shtml.

Prefix: Mr Miss Age_____ Gender: M F Status: Married Single

Full Name_____ Spouse_____

Date of Birth_____ Yrs attended SSI _____

Address _____ Apt_____ City_____ ST___ Zip_____

Employer _____ Title _____

Wk Address _____ Ste_____ City _____ ST___ Zip_____

Hm Phone_____ Wk _____ Cell _____ Fax _____

Hm Email* _____ Wk Email* _____

Church_____ City_____ Pastor _____

College attending_____ Year _____

*Filling in your email permits SSI to send periodic updates unless you opt to unsubscribe. All personal information is used solely by Foundation for Traditional Values, Student Statesmanship Institute and/or Citizens for Traditional Values, and will not be released, rented, sold or otherwise distributed to anyone at any time for any reason.

Any family/siblings attending SSI this summer? No Yes – Name_____

Which week are they attending? Week One Week Two Week Three

Week(s) you'd like to participate as an ADC: (Please select your **first** and **second** choice)

First Choice (May check more than one week)

Second Choice (May check more than one week)

<input type="checkbox"/> Week One: June 24-29 (Business, Media & Legislature) <input type="checkbox"/> Week Two: July 8-13 (Judiciary, Media & Legislature) <input type="checkbox"/> Week Three: July 22-27 (Media, Campaign & Legislature)	<input type="checkbox"/> Week One: June 24-29 (Business, Media & Legislature) <input type="checkbox"/> Week Two: July 8-13 (Judiciary, Media & Legislature) <input type="checkbox"/> Week Three: July 22-27 (Media, Campaign & Legislature)
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Track Preference – It may be possible to assign you to a particular track in which you have some experience or interest. **Please circle** any track you would prefer – no guarantees.

Legislative – House or Senate Media Judicial – Trial or Moot Court Campaign Business

For our further evaluation, please fill out this [NEW ONLINE APPLICATION](#). You will be asked to provide more information about your reasons for wanting to serve as an ADC.

Enclosed is my \$100 registration fee for each week attending (Goes toward food & lodging for all five days at GLCC). Please return this form with check to: **SSI, PO Box 80108, Lansing, MI 48908-0108**

I agree to hold Great Lakes Christian College and Student Statesmanship Institute, the owners and lessees of any premises used to conduct classes or activities, their sanctioning institutions, agents, officers, directors, and employees harmless and indemnify them from any injury, loss, damage, or claim of any nature arising out of or related to my participation in the classes and activities of SSI, specifically including any negligent act or omission of the above. (If below 18 years of age, parent/guardian must sign)

I give permission to Student Statesmanship Institute to use my photograph, oral and/or written comments in promoting SSI.

Signature: _____ Date: _____

For office use only			
Date Rec'd_____	\$Paid:_____	CK/CA/CC: #_____	\$Bal Due:_____ Init_____
Medical form Rc'vd <input type="checkbox"/> Date Entered_____ Init _____			

Health Information & Medical Release Form

*****This form must be signed and returned to SSI for your application to be official*****

Emergency Contact Information

Student Name _____ Date of Birth _____ Parent/Guardian Hm Phone _____
Parent/Guardian Name(s) _____ Parent/Guardian Wk Phone _____
Address _____ Parent/Guardian Cell Phone _____
City/Sl/Zip _____ Physician _____
Health Insurance Carrier _____ Physician's Phone _____
Policy/Group # _____ HMO / PHP auth phone no. _____

Health History

Please mark those applicable and give appropriate explanations below:

<input type="checkbox"/> Frequent colds / respiratory infections	<input type="checkbox"/> Kidney complications	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Frequent sinus infections	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Migraine headaches
<input type="checkbox"/> Allergies / hay fever	<input type="checkbox"/> Fainting / dizziness	<input type="checkbox"/> Have had chicken pox or vaccine
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Asthma	<input type="checkbox"/> History of psychiatric illness or treatment
<input type="checkbox"/> Frequent upset stomach	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other _____

Current Medications

Please list ALL current medications, including over the counter, and dosages: _____

Medications will be self-administered. If necessary, medications can be locked/stored/refrigerated in SSI office. Initial here if that will be necessary.

Allergies

Please list ALL allergies.

Medications _____	Reaction _____
Foods _____	Reaction _____
Plants _____	Reaction _____
Animals/Insects _____	Reaction _____

Other Medical Concerns

	Yes	No	Explain or describe below:
Are there any chronic problems or illnesses not indicated above?	_____	_____	_____
Has there been recent treatment for a medical problem?	_____	_____	_____
Does your child have any special dietary needs/restrictions?	_____	_____	_____
Are all immunizations up to date?	_____	_____	_____
Date of last Tetanus Booster:	_____	_____	_____
Anything else we should know? _____			

Medical Release

Parent or Guardian must sign for students under 18 years. Student must sign if over 18 years.

In case of sickness or emergency, I authorize such medical procedures as are deemed necessary to be performed at the discretion of SSI staff. I release SSI, its agents, officers, directors, and employees of any liability from injuries and damages suffered by me/my child due to such medical procedures. I hereby agree to indemnify and hold SSI harmless with respect to such medical procedures, including payment for all medical procedures performed on me/my child's behalf.

Parent / Guardian / Adult Student Signature _____ Date _____

*****This form must be signed and returned to SSI: PO Box 80108, Lansing, MI 48908-0108 ♦ 517-321-6233 ♦ 517-321-6077 fax*****