

Last, First Name: \_\_\_\_\_

**CDC Disease Detective Camp**  
Summer 2009 Application

**Fax or mail completed application to Trudi Ellerman at:**

**Fax: 404-639-0834**

**Mail: Centers for Disease Control and Prevention  
1600 Clifton Road, NE, MS A-14  
Atlanta, GA 30333**

**Application must be postmarked April 20, 2009.**

**Application Check-List:**

- Complete Applicant Information Page
- Complete & attach *Getting To Know You Questions*
- Parent/Guardian: Complete Parent/Guardian Information page
- Attach completed Teacher Recommendation Form
- Include proof of birth date. (copy of birth certificate, passport, driver's license, or learner's permit)
- Mail or fax completed application (including this cover sheet) by April 20, 2009.

**Camp Session Applying for:**

Session 1 June 22-26 \_\_\_\_\_

Session 2 July 13-17 \_\_\_\_\_

Note: Students applying to both sessions will not be able to indicate a preference for either session. Applicants must be 16 years old by the first day of camp.

## Applicant Information

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current Grade Attending (circle): Sophomore (10<sup>th</sup> grade)  
Junior (11<sup>th</sup> grade)

Home Mailing Address \_\_\_\_\_

*Street*

\_\_\_\_\_

*City, State, and Zip*

Home Phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email (print clearly) \_\_\_\_\_

School Attending \_\_\_\_\_

School Town & State \_\_\_\_\_

T-shirt size \_\_\_\_\_

## CDC Disease Detective Camp Conditions. Please initial indicating that you have read and agree to each statement.

\_\_\_\_\_ The CDC Disease Detective Camp is a voluntary attendance camp; campers should arrive eager to participate in the scheduled activities. Campers are expected to arrive in a timely manner.

\_\_\_\_\_ I have read the Frequently Asked Questions at <http://www.cdc.gov/gcc/exhibit/campFaq.htm>

\_\_\_\_\_ Campers must show picture ID each day of the camp and are required to wear a CDC issued ID badge. This is for the safety of each camper.

\_\_\_\_\_ Campers must be 16 years of age by the first day of the camp. Camper must provide proof of birth date with the application. Acceptable forms of birth date confirmation are **copies** of a birth certificate, passport, learner's permit or driver's license. Do not send original documents.

Signature of Applicant

Date

\_\_\_\_\_

\_\_\_\_\_

## *Getting to Know You Questions*

On a separate sheet, please type your responses to the four questions listed below. Include your name on your answer sheet and attach it to this application. Remember-the answers you write to these questions will be used to evaluate your application. Put thought into each answer, and be sure to proofread!

1. Tell us why you would like to attend the CDC Disease Detective Camp. (250 words or less)

2. Tell us something interesting about yourself that you think we should know. (150 words or less)

3. What has been your favorite learning experience? This does not have to be limited to a school experience. (no word limit)

4. Right now I think I want to be a \_\_\_\_\_ when I finish school. Please tell us why. (150 words or less)

## Parent/Guardian Information

Name of Parent/Guardian (printed) \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Evening Phone Number \_\_\_\_\_

## Emergency Contact Information

Please provide one additional daytime emergency contact **other** than the parent/ guardian above.

Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Relationship \_\_\_\_\_

## Waiver and Release – Initial indicating that you have read and agree to each statement.

\_\_\_\_\_ I grant permission for CDC staff to take pictures of my child to be used for marketing purposes without compensation or time limitation.

\_\_\_\_\_ I understand there is no tuition cost associated with the CDC Disease Detective Camp, but campers are responsible for either buying or bringing their lunches each day.

\_\_\_\_\_ I will ensure my child will have transportation to and from the CDC Roybal Campus on Clifton Road in Atlanta, Georgia each day. Lodging and transportation will not be provided by CDC.

\_\_\_\_\_ I understand that campers must be 16 years of age by the first day of the camp. Camper must provide proof of birth date with the application. Acceptable forms of birth date confirmation are **copies** of a birth certificate, passport, learner's permit or driver's license. I will not send an original document.

Signature of Guardian/Parent

Date

\_\_\_\_\_

\_\_\_\_\_

## CDC/Emory Disease Detective Camp Recommendation Form

Camp Applicant: Have a teacher or guidance counselor complete this recommendation form. The completed form must be submitted with your application. **Applications must be postmarked by April 20, 2009.**

Camp Applicant: \_\_\_\_\_

**To be completed by Recommender:**

Name & Position: \_\_\_\_\_

1. How long have you know this student and in what context?

2. How would you rate this student on the following characteristics?

	Below Average	Average	Above Average	Excellent	No Basis for an Opinion
Academic Achievement					
Maturity					
Motivation					
Ability to work in teams					
Intellectual Curiosity					
Ability to adapt to new situations					

3. How does this student differ from other students in your class?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_