

# Camp Barney Melintz

## 2021 MARCUS HEALTH CENTER STAFF FORM

(1) NAME: \_\_\_\_\_  
Staff Position: (ie. Doctor, Nurse, MHC Assistant): \_\_\_\_\_  
Week(s): \_\_\_\_\_

Please check below:

(2) Recognizing professional, family and personal unknowns today about the summer of 2021, please still indicate below:

\_\_\_\_\_ I definitely want to return to CBM next summer.  
\_\_\_\_\_ I am unable to return to CBM next summer.

Other: \_\_\_\_\_  
\_\_\_\_\_

Please check below:

(3) RESOURCE. I am able to be a resource pertaining to:  
\_\_\_\_\_ Information about COVID-19 testing and/or vaccine.  
\_\_\_\_\_ Systems, procedures and protocols at camp.  
\_\_\_\_\_ PPE  
\_\_\_\_\_ MHC Staffing

(4) I/We have the following child(ren) who will be **CBM campers in 2021**:

Name \_\_\_\_\_ age on June 1, 2021 \_\_\_\_\_  
Name \_\_\_\_\_ age on June 1, 2021 \_\_\_\_\_  
Name \_\_\_\_\_ age on June 1, 2021 \_\_\_\_\_

**(5) I/We have the following child(ren) who will be in our CBM child care/day camper program in 2021:**

Name \_\_\_\_\_ age on June 1, 2021 \_\_\_\_\_  
Name \_\_\_\_\_ age on June 1, 2021 \_\_\_\_\_  
Name \_\_\_\_\_ age on June 1, 2021 \_\_\_\_\_

**(6) Additional thoughts:**

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Thank you! We look forward to hearing from you by **September 1, 2021**.

Please **scan and email** to [lisa@campbarney.org](mailto:lisa@campbarney.org)  
our CBM Administrative Assistant, Lisa Light.  
Or **mail** to: Camp Barney Medintz  
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Atlanta, Georgia 30338