



Rolling River Day Camp

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Oceanside/ East Rockaway, NY 11518
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COUNSELOR TRANSPORTATION INFORMATION FORM - CAMP 2016

Name _____ Present Grade _____
Address _____ Town _____ Zip _____
Home # _____ Cell # _____ Email _____
(please print clearly)
Nearest Cross Street _____

.....**ANSWER YES OR NO TO ALL QUESTIONS BELOW.**.....
IF YOU WERE A BUS DRIVER OR BUS COUNSELOR IN SUMMER 2015:

- Do you want to return as a **BUS DRIVER**? _____
- Do you want the same run (area)? _____
- Do you want a different run (area)? _____
- Do you want to return as a **BUS COUNSELOR**? _____
- Do you want the same run (area)? _____
- Do you want a different run (area)? _____

IF YOU WERE NOT INVOLVED AS A BUS DRIVER OR BUS COUNSELOR IN SUMMER 2015:

- Would you be interested in being a **BUS DRIVER**? _____
- Would you be interested in being a **substituteBUS DRIVER**? _____
- Would you be interested in being a **BUS COUNSELOR**? _____
- Would you be interested in being a **substitute BUS COUNSELOR**? _____

IF YOU DO NOT WISH TO BE A BUS DRIVER OR BUS COUNSELOR IN SUMMER 2015:

- **WOULD YOU BE REQUIRING TRANSPORTATION TO AND FROM CAMP?** _____
(I, _____, am aware that RollingRiver does not give counselors door to door transportation to and from camp. Counselors are given various pick up points to choose from IF bus transportation is available. I understand that RollingRiver does not guarantee bus transportation for counselors. RRDC will work with you and other counselors to arrange car pools from a variety of locations.

Counselor Signature _____ Print Counselor Name _____ Date _____

Parent Signature(If counselor is under 18 years old) _____ Print Parent Name _____ Date _____

****A COPY OF YOUR DRIVER'S LICENSE MUST BE ATTACHED TO THIS FORM.**