**Sample Form** (Camps may use their own form, but their form must contain the information requested below.)

## **STAFF ROSTER**

Camp Name:			3 or 4 Digit License #	
If more than one p	rogram under can	p license, give program name _		
Town:				
Staff List Prepared By			Date Prepared	//
PLEASE PRINT Note: All staff age 16 or older must be listed.				
Last Name	First Name	Position or Title		Date of Birth month/day/year

Place an asterisk (\*) by each person's name who has met the requirements for Director of First Aid (First Aider) or the Nurse listed on the website under Staff Certification Requirements.