Staff Interest Form

Name: _____Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone; _____ Cell Phone: _____

Email Address: _____

Circle dates you are available: July 19 – 25 July 19 – 22 July 22 – 25
Other: _____

If you are bringing children with you please provide info below:

Name of child _____ Grade in 09-10 _____

Name of child _____ Grade in 09-10_____

Name of child _____ Grade in 09-10 _____

Which, if any, of these children have asthma? _____

Circle your T-Shirt size: M L XL XXL XXXL

Please complete and mail to :

Non Physician Staff
Winnia Ingram R.N.
33051 Green Wing Lane
Brownstown, MI 48173
Or complete and attach to an email to:
WRIJA@aol.com

Physician Staff
Scott Paxton D.O.
22644 ShadowPine Way
Novi, MI 48375
Or complete and attach to an email to:
skpaxton@att.net

Additional forms needed: Staff Application (1st timers only)
Confidential Reference Form from three (3) references (1st timers only)
Copy of current professional license
Copy of current CPR card
Copy of negative TB test dated after June 2008.