



Camp Sawtooth

Cabin Parent/Camp Host/Health Care Volunteer Application

Please Print

Name _____ M ___ F ___

Address _____
 (Mailing address) (City) (State) (Zip code)

Telephone (_____) _____ E-mail _____

Completed by June 2009: High School _____ College 1 2 3 4 Other _____

Social Security #. _____ (Required for Background Checks)

Please indicate what position you would like to volunteer for:

Cabin Parent ___ Camp Host ___ Health Care ___

Please indicate below at which Camp(s) you would like to be a Volunteer.

Please Check	Camp	Date
<input type="checkbox"/>	11 th & 12 th Camp	June 20 th – 25 th
<input type="checkbox"/>	9th & 10th Camp	June 27 th – July 2 nd
<input type="checkbox"/>	5th & 6th Camp #1 & 3 rd – 8 th Grade Deaf Camp	July 4 th – 9 th
<input type="checkbox"/>	7th & 8th Camp #1	July 11 th – 16 th
<input type="checkbox"/>	3rd & 4th Camp	July 18 th – 21 st
<input type="checkbox"/>	5th & 6th Camp #2	July 25 th – 30 th
<input type="checkbox"/>	7th & 8th Camp #2	August 1 st – 6 th

PLEASE INDICATE YOUR T-SHIRT SIZE

(Adult sizes): Small ___ Medium ___ Large ___ X-Large ___ XX-Large ___

If your child is attending Camp Sawtooth as a camper, please list the child's name and which camp he/she will be attending. *(This information helps us to plan for 50% camper discounts based on parent involvement.)*

Child/ren _____

Camp(s) _____

Are you healthy & able to participate in all activities? ___ Yes ___ No -- Please list any health issues: _____

List all allergies to food, medications, insect stings, etc. _____

CAMP EXPERIENCE:

Have you attended Camp Sawtooth? Yes / No. Indicate year(s) _____

If so, in what capacity? _____

List other camp experience, if any _____

TRAINING AND SKILLS - Please indicate specifics and experience:

Cabin Parents:

Theology/Leadership_____

Musical/Singing Skills_____

Activities/Games/Crafts_____

Counseling_____

Health Care:

Nursing/CPR_____

Other_____

Camp Hosts:

Skills_____

Please write a statement describing your faith in Jesus Christ and how this impacts your desire to be involved in the Camp Sawtooth Ministry:

You ***must*** provide the signature and phone number of your pastor and the name and phone number of a church leader/official (elder, deacon, Sunday school teacher, youth leader,) as references.

Pastor's Signature_____ Phone #_____

Official's Name_____ Position_____ Phone #_____

YOUR SIGNATURE:

Your signature indicates the information provided on this application is true and accurate and that you agree to the Statement of Faith and Objectives of Camp Sawtooth (posted on website).

PLEASE RETURN YOUR APPLICATION TO:

Before May 15th
Camp Sawtooth Office
PO Box 445
Homedale, ID 83628
(208) 337-3364

After May 15th
Camp Sawtooth
HC 64 Box 8290
Ketchum, ID 83340
(208) 726-115

directorscampsawtooth@yahoo.com ~ www.campsawtooth.org

THANK YOU for your interest and participation in the Ministry of Camp Sawtooth. You will receive a letter confirming the Camp and your involvement as a Volunteer.