

**Camp Sawtooth**

**CABIN COUNSELOR/CIT APPLICATION FORM**

Counselor \_\_\_\_\_ \*Counselor-In-Training (CIT) \_\_\_\_\_

\*CIT complete and attach camper registration form

Print Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_  
(mailing address) (city) (state) (zip code)

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
(area code)

**Grade** completed by June: High School 8 9 10 11 12 College 1 2 3 4 Other  
(Please circle the appropriate grade level)

Name of your **church** \_\_\_\_\_ Member? \_\_\_\_\_ How long? \_\_\_\_\_

How are involved in your church? \_\_\_\_\_

**Health** Information: Are you in good health? Yes / No. Do you have any special medical needs? \_\_\_\_\_

At what Camps would you like to be a Counselor or Counselor-In-Training (CIT)?

5 <sup>th</sup> -6 <sup>th</sup> Grade #1	June 18-23	_____
JH Camp #1 (7 <sup>th</sup> -8 <sup>th</sup> )	June 25 – 30	_____
9 <sup>th</sup> & 110 <sup>th</sup> Camp	July 2-7	_____
3 <sup>rd</sup> -4 <sup>th</sup> Grade/Deaf Camp	July 9 – 12	_____
5 <sup>th</sup> -6 <sup>th</sup> Grade # 2	July 16 – 21	_____
JH Camp #2	July 23 – 28	_____
11 <sup>th</sup> & 12 <sup>th</sup> Camp	July 30 – Aug. 4	_____

**COUNSELORS** 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 camperships based on parent involvement.)*

**Child/ren** \_\_\_\_\_

**Camp(s)** \_\_\_\_\_

Adult T-shirt size  
Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ XX-Large \_\_\_\_\_

**Camp Experience:**

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

If so, in what capacity?\_\_\_\_\_

List other camp experience, if any\_\_\_\_\_

Training, Skills and other Attributes. Please indicate specifics, experience and proficiency in the categories below:

Theology/Leadership\_\_\_\_\_

Musical/Singing Skills\_\_\_\_\_

Activities/Games/Crafts\_\_\_\_\_

Nursing/CPR\_\_\_\_\_

Counseling\_\_\_\_\_

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, ...) so these persons can be contacted as references.

Pastor's Signature\_\_\_\_\_ Phone #\_\_\_\_\_

Official's Name\_\_\_\_\_ Position\_\_\_\_\_ Phone #\_\_\_\_\_

Please mail the completed application to:

**Ted and Debbie Davis, Camp Directors**  
**c/o Snake River Mission Area**  
201 W. Ustick Road  
Meridian, ID 83642

(208) 898-9760 (Snake River Mission Area Office; ask for Debby Sandborgh)

**THANK YOU** for your interest and participation in the Ministry of the Presbyterian Church (USA) Camp Sawtooth. A confirmation letter will arrive in approx 3 weeks