

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 support 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 218
Wendell, ID 83355
(208) 536-6270

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.

Revision Date 1/31/11