



Camp Sawtooth

P.O. Box 445, Homedale, ID 83628 – (208) 337-3364
directorscampsawtooth@yahoo.com ~ www.campsawtooth.org

Program Staff-In-Training (PSIT) Application

PERSONAL INFORMATION

Name: _____ Gender: (M/F) DOB: _____

Current Mailing Address: _____

Permanent Mailing Address: _____

Social Security Number: _____ Email _____

Phone #: Home _____ Cell _____

Emergency Contact: _____ Relationship to you: _____

Emergency Contact Phone #: Home _____ Work _____ Cell _____

CHURCH AFFILIATION

Church you are a member of or are attending: _____ City: _____

Pastor _____ Church Phone _____

Are you involved in Church youth activities? _____

HEALTH INFORMATION

Are you in good physical health? Yes / No. Do you have any special health needs? _____

This position may require vigorous physical activity. Are you able to meet the physical demands of the job? Yes / No. If no, please explain. _____

Have you been hospitalized or under a doctor's care in the last two years? _____ If yes, please give details: _____

Do you have need of a special diet? _____ If yes, please explain _____

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

CAMP EXPERIENCE

Have you been a camper at Camp Sawtooth before? Yes/No - if yes, when? _____

Have you been on Staff at Camp Sawtooth before? Yes/No - if yes, when? _____

Any other camp experience? Yes/No - if yes, where/when? _____

Explain why you are interested in a PSIT position _____

Please indicate at which Camp(s) would you like to be a Program Staff-In-Training (PSIT).

| Please Check | Camp | Date |
|--------------------------|---------------------------------------------|------------------------------------------|
| <input type="checkbox"/> | 5th & 6th Camp #1 | 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"/> | 3 rd – 8 th Deaf Camp | 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 _____

CAMP SKILLS (Please indicate your skill level from 1 to 4 for each category listed below.)

#1 - Highly Skilled-could organize, lead, or teach, #2 - Moderately Skilled - could actively assist with leadership, #3 - Recreational Sport - can participate, but not skilled, #4 - Minimal Exposure

Worship

- ___ Leading by instrument
- ___ Sing
- ___ Play instrument-what?

Activities

- ___ Hiking
- ___ Swimming
- ___ Backpacking
- ___ Ropes Course (High or Low)
- ___ Other (please describe)

Sports

- ___ Basketball
- ___ Volleyball
- ___ Baseball / Softball
- ___ Soccer
- ___ Football
- ___ Ultimate Frisbee
- ___ Frisbee Golf
- ___ Other-(please describe)

Leadership

- ___ Leadership
- ___ Counseling
- ___ Bible Study Leader
- ___ Small Group Leader

Arts & Crafts

- ___ Drama
- ___ Photography
- ___ Dance
- ___ Other (please describe)

Please check any current certifications:

- ___ EMT ___ Red Cross First Aid ___ First Responder ___ C.P.R ___ Food Handlers Card
- ___ Lifeguard Training ___ Emergency Water Safety
- ___ Others: _____

CHRISTIAN EXPERIENCE

Please answer the following questions on a separate sheet of paper.

1. Please give us a spiritual autobiography explaining the date and circumstances under which you became a Christian. How have you grown since your conversion and what have been your biggest challenges?
2. What are three qualities a person serving on staff at a Christian camp should have?
3. If a camper asks you why they need salvation and how to become a Christian, how would you respond?
4. How well do you see yourself working with others on a Christian Camp Staff?
5. What has your experience been with the church? How have you been involved in the local church this year?
6. How did you hear about Camp Sawtooth? How has camp (any camp) influenced your life?
7. What type of work do you really enjoy, or find fulfilling?

INFORMATION FOR PARENTS: Please complete Medical Forms for PSIT Applicant

My child has permission to take part in all camp activities including travel off the camp grounds. I agree that Camp Sawtooth and/or personnel will not be held responsible for accidents and/or medical expenses incurred. I give Camp Personnel permission to seek medical treatment for my child in case of injury or illness. I also understand that the use of photographs and/or videos of my child may be used for camp publicity.

Parent/Guardian: (Please Print) _____ Date _____

Parent/Guardian Signature: _____

Emergency Contact other than Parent/Guardian: (Please Print)
_____ Telephone: _____

REFERENCES

Please list a Pastor Reference and One (1) other reference that is not a relative. Please have each one fill out the Reference Form below and return to the Camp Sawtooth Office.

| <u>Name</u> | <u>Phone #</u> | <u>Relationship</u> |
|-------------|----------------|---------------------|
| 1. _____ | _____ | Pastor |
| 2. _____ | _____ | _____ |

Applicant's Signature: _____ Date: _____

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 SEND 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) 726-1155

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 Date and your involvement as a Volunteer.