



Camp Sawtooth

Cabin Parent/Camp Host Volunteer Application

Please Print

Name _____ M ___ F ___

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

Telephone (_____) _____ E-mail _____

Completed by June 2011: High School _____ College 1 2 3 4 Other _____

Social Security #. _____ Birth date _____ (Required for Background Checks)

Please indicate what position you would like to volunteer for:

Cabin Parent ___ Camp Host ___

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

| Please Check | Camp | Date |
|--------------------------|---|--|
| <input type="checkbox"/> | 5th & 6th grade camp | June 24 th – 29 th |
| <input type="checkbox"/> | 3 rd & 4 th grade camp | July 1 st – 4 th |
| <input type="checkbox"/> | 7 th & 8 th grade camp | July 8 th – 13 th |
| <input type="checkbox"/> | 9 th & 10 th grade camp (will include hearing impaired) | July 15 th – 20 th |
| <input type="checkbox"/> | 11 th & 12 th grade camp | July 22 nd – 27 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_____

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 20th
Camp Sawtooth Office
PO Box 101
Nampa, ID 83653
(208) 899-2073

After May 20th
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.