

Mountain Kids Day Camp

The ISAIAH FOUNDATION, Inc.

P.O. Box 777 Idaho City, ID 83631 www.mountainkidsdaycamp.org

****RETURNING** VOLUNTEER APPLICATION**

Instructions: Please PRINT and completely fill out all questions. This information is vital to your acceptance and possible placement as a volunteer. Thank you for your interest!

Name: _____ Age: _____

Birthdate _____ If student, current grade in school _____

Volunteer Position(s) Applying for: _____

Previous Volunteer Position(s) at this Camp: _____

We plan to have a family dinner for all volunteers and their families, & for campers and their families, Thursday evening after camp. (5:00 – 6:00). How many people from your family, (other than campers), and including you, can we count on to be there? _____

Email: (Please print legibly) _____

Phone number(s): _____

Mailing Address: _____

T-Shirt Size: (Adult Sizes)	Small	Medium	Large	X L	XX L	XXX L
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Certifications: (circle)	CPR	First Aid	Life Guard	Nurse	EMT
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Emergency Contacts:	#1. Name: _____ Relationship: Phone:	#2. Name: _____ Relationship: Phone:
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Please mail this form by May 1 to: The Isaiah Foundation P.O. Box 777 Idaho City, ID 83631