<u>Mountain Kids Day Camp</u>

The ISAIAH FOUNDATION, Inc.

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

****RETURNING** VOLUNTEER APPLICATION**

<u>Instructions</u>: 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:	me: Age:									
Birthdate	te If student, current grade in school									
Volunteer Positie	on(s) Applyin	g for:								
Previous Volunt	eer 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:										
I prefer to be contacted by (circle one): Email Phone Text										
T-Shirt Size: (Adult Sizes)	Small	Medium	Large	XL	XX L	XXX L				
	T		I		1					

Certi	fications: (circle)	CPR	First Aid	Life G	buard	Nurse	EMT	
	mergency Contacts:	#1. Name: Relationship: Phone:			#2. Name: Relationship: Phone:			

Please mail this form by May 15 to: The Isaiah Foundation P.O. Box 777 Idaho City, ID 83631

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