

CAMP SAINT ANDREWS
Returning Staff Application

Name: _____

Address: _____

City: _____ **Zip:** _____

Email address: _____

Phone: _____

School: _____ **Grade in Fall:** _____

Birthday: _____ **T-Shirt size:** _____ **Scarf:** _____

Position: Counselor Counselor-In-Training Unit director Program Staff

First choice age group or program: _____

Second choice age group or program: _____

Certifications: (CPR, lifeguard, first aid, etc) _____

As a returning staff member:

What did you like best about camp when you were last here?

What would you like to see improved?

What is you favorite camp program and why?

What program(s) should we add?

What would you change about camp?

Please list any special skills you bring with you this year?

Will you be applying for school community service hours?

Please list personal references, relationship and phone number:

Please mail to:
Camp Saint Andrews
P.O. Box 2789, Saratoga, CA 95070

For more info or questions, please call/email
Jared Kersh 408-799-1700 jaredkersh@yahoo.com
or
Sue Ramar 408-354-7684 (Home) or 408-568-8025 (Cell)
sue@nelsoncapital.com