

**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 your favorite camp program and why?

\_\_\_\_\_  
\_\_\_\_\_

What program(s) should we add?

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What would you change about camp?

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

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Will you be applying for school community service hours?

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Please list personal references, relationship and phone number:

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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](mailto:jaredkersh@yahoo.com)  
or  
Sue Ramar 408-354-7684 (Home) or 408-568-8025 (Cell)  
[sue@nelsoncapital.com](mailto:sue@nelsoncapital.com)