



# Kitsap Forest Adventure Camp

play ★ explore ★ create

## 2026 Volunteer Staff Application

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_  M  F

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone (cell) \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Current school/major (if college) \_\_\_\_\_

Grade/year entering in fall (circle): High School: FR SO JR SR College: FR SO JR SR Other: \_\_\_\_\_

CPR Certified:  yes  no date of certification \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_

Previous camp experience either as a camper or staff member: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other experience relating to children: \_\_\_\_\_

\_\_\_\_\_

Specialty Skills:  Arts & Crafts  Drama  Music/Singing  Games  Nature/Wildlife  Storytelling

Other \_\_\_\_\_

State why you believe you would be an asset to camp. Elaborate on your special talents, interests, etc?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list your experience with the Kitsap Forest Theater and the Mountaineers Players: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





# Kitsap Forest Adventure Camp

play ★ explore ★ create

## 2026 Volunteer Staff Application (Page 2)

### References

Please list 3 references with phone & email (former employer, babysitting family, school personnel, etc.)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Notes: \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Notes: \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Notes: \_\_\_\_\_

### Authorization for Treatment if Under 18

Medical Insurance Co \_\_\_\_\_ ID# \_\_\_\_\_ Group \_\_\_\_\_

I hereby give permission to the First Aid or medical personnel selected by the camp director to provide treatment according to their assessment of my child's needs. In the event that I cannot be reached in an emergency, I hereby give permission for my child, as named above, to be transported by ambulance or aid car to an emergency center for treatment. I further consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by a physician to safeguard my child's health. I agree that I will be responsible for any and all charges incurred in obtaining prompt medical attention.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Available:  Week 1 (July 6<sup>h</sup> - 10<sup>th</sup>)  Week 2 (July 13<sup>th</sup> - 17<sup>th</sup>)  \*Both Weeks

\*preference given to volunteers who are available for both weeks.

T-SHIRT SIZE: Mens style:  S  M  L  XL Ladies style:  S  M  L  XL

Please sign that all of the above is truthful and that I am willing to commit my time/energy to camp

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature if under 18: \_\_\_\_\_

Please return application to [adventure@ForestTheater.com](mailto:adventure@ForestTheater.com) ASAP