



# Staff Registration

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Camp Experience

Have you ever volunteered at a Family Camp before? YES NO

Please describe your past camp experience with a Family Camp or Kids Camp.

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**Can you attend all the required days of Camp - Wednesday, June 18<sup>th</sup>, Thursday, June 19<sup>th</sup>, Friday, June 20<sup>th</sup>, Saturday, June 21<sup>st</sup>.**

YES NO

## Age group, you prefer to work with

(3-5) (6-8) (9-11) (12-14)

**Background checks will be done on all staff**  I Understand

Please list any other skills that you are will to share with us at Camp

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Thank you for your time and support with Camp Red Sunrise



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