



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

E-mail: \_\_\_\_\_

Other family members coming and ages:

▶ Please mark your top two sessions 1 being first choice and 2 being second choice.

Session	Dates	
Session 1	June 19-24	
Session 2	June 26 – July 1	
Session 3	July 5 - 8	
Session 4	July 10-15	
Session 5	July 24 – 29	
Session 6	August 1-8	
Father Child	July 8-10	
Mother Child 1	July 16 – 19	Full
Mother Child 2	July 20 – 23	Full
CampOUT	August 13 - 17	Full

Please mark areas that you are willing to do while at Camp Westwind

Dishes	Light Maintenance	Cleaning	Crafts	Nature studies	Service Projects
Other:					

▶ Describe your experience and interest in working with children?

▶ Are you willing to undergo a criminal background check?  Yes  No

Email this form to: [janettek@ywca-pdx.org](mailto:janettek@ywca-pdx.org) or mail to  
 Camp Westwind Attn: Janette Kunkel  
 1111 SW Tenth Ave, Portland, OR 97205

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_