



CAMP EYABSUT
P.O. Box 5212
Lynnwood, WA 98046

www.campeyabsut.org
eyabsut@gmail.com



February 16th, 2026

Dear Potential Counselors and Staff

Camp Eyabsut 2026 is scheduled **July 19 – 24th, 2026** at our new facility near Black Diamond, WA. The camp staff and counselors will need to **arrive by 10am on Saturday, July 18th and depart after 3pm on Friday, July 24th.**

Please fill out the attached application **COMPLETELY and LEGIBLY**. Submit all forms by **May 18th, 2026** to qualify for counselor or full-time staff roles. **IF** you are unable to volunteer for the entire week, we love to have you 1 or 2 days as a Day Volunteer. Kindly complete the application and return it to us at your earliest convenience, ensuring submission before the **deadline of May 18th, 2026**. This is a full week commitment.

There are 3 ways to return your application:

1. Scan completed form and email to: eyabsut@gmail.com
2. Fax to: **877-449-3896**
3. Mail to: Camp Eyabsut PO Box 5212 Lynnwood, WA 98046

We look forward to a super fun week and celebrating the 39th year of camp!

If you have any questions or concerns, please don't hesitate to contact us for more information.

Sincerely,

A handwritten signature in black ink that reads "Troy Smith aka Yogi".

Troy Smith aka Yogi
Camp Director

A handwritten signature in black ink that reads "Carrie Pratt".

Carrie Pratt
Camp Staff Director

2026 Camp Eyabsut – Counselor Application

Staff Dates: July 18th - July 24th

The information contained in this application will be used to determine your suitability as a volunteer camp counselor, responsible for the care of a group of children for a period of seven days. **PLEASE PRINT LEGIBLY!**

Please check one: RETURNING COUNSELOR _____ STAFF _____

NAME: _____ BIRTHDAY: _____ GENDER: ___ F ___ M

ADDRESS _____ CITY _____ STATE ___ ZIP _____

HOME PHONE() _____ WORK PHONE() _____

CELL PHONE() _____ E-MAIL _____

PLEASE CHECK THE POSITION YOU ARE INTERESTED IN:

COUNSELOR _____ **NURSE** _____ **OFFICE STAFF** _____ **ARCHERY** _____

Are you interested in being a cabin leader? Yes _____ No _____

Please check all roles you've had at Camp Eyabsut:

CAMPER _____ COUNSELOR _____ DAY VOL _____ OTHER: _____

First Year You Volunteered for Camp: _____

Number of years you have volunteered: (Do not count years you skipped or missed) _____

PLEASE LIST YOUR ADULT SHIRT SIZE: _____ T-shirt _____ Sweatshirt (fit/size may vary)

EMPLOYMENT HISTORY- Please list your last two employers, beginning with your most recent employer. If you're a student, please indicate so and list any seasonal or summer paid or volunteer positions, which you have held. **Please provide complete names, addresses and phone numbers.**

DATES WORKED	EMPLOYER	ADDRESS	SUPERVISOR/ PHONE	JOB TITLE

CERTIFICATIONS: Please CHECK any of the following, which will be **CURRENT** at the time of camp (July 20nd – July 25th).

	CPR		RN		LPN		LIFEGUARD
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CAMP EYABSUT 2026 – CAMP STAFF MEDICAL HISTORY

PHYSICIAN'S NAME: _____ PHONE #: (____) _____

PHYSICIAN'S ADDRESS: _____ CITY: _____ STATE: _____

DO YOU HAVE MEDICAL INSURANCE? YES NO

IF SO, INDICATE CARRIER OR PLAN NAME: _____ GROUP #: _____

PLEASE TELL US ABOUT YOUR HEALTH HISTORY:

ARE YOU BEING TREATED FOR ONGOING ILLNESSES OR INJURIES? YES NO IF YES, PLEASE DESCRIBE:

ARE YOU CURRENTLY TAKING ANY PRESCRIPTION MEDICATION? YES NO IF YES, PLEASE LIST ALL:

ARE YOU TAKING ANY OVER-THE-COUNTER MEDICATION? YES NO IF YES, PLEASE LIST ALL:

DATE OF LAST TETANUS SHOT _____

DO YOU CARRY AN EPI PEN? YES NO

PLEASE LIST ALL KNOWN ALLERGIES:

DESCRIBE THE REACTION AND MANAGEMENT OF THE REACTION

MEDICATION ALLERGIES (LIST)

FOOD ALLERGIES (LIST)

OTHER ALLERGIES (LIST) - INCLUDE INSECT STINGS, HAY FEVER, ASTHMA, ANIMAL DANDER, ETC _____

Emergency Contacts:

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

I ASCERTAIN THAT ALL THE ABOVE INFORMATION IN THIS APPLICATION IS RELIABLE, TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IN THE EVENT OF A SERIOUS ILLNESS OR INJURY, I AGREE TO BE TRANSPORTED TO AND TREATED BY THE LOCAL URGENT CARE FACILITY OR HOSPITAL AT THE DISCRETION OF THE CAMP EYABSUT NURSE MANAGER AND CAMP DIRECTOR.

SIGNATURE: _____ **DATE:** _____

2026 Camp Eyabsut -- Voluntary Disclosure

To comply with our insurance requirements and Washington State law, we must ask the following questions. Please be assured that these forms will be kept confidential.

Checking "Yes" does not necessarily exclude you from participation.

I also understand when I am confirmed as a volunteer that Camp Eyabsut will complete a full criminal background check on me.

Print FULL LEGAL Name: _____

Position Applied for: _____

Have you ever been convicted of any crime (other than traffic violations), including child abuse or sex abuse crimes? No Yes

If yes, please explain:

Have you ever been charged with any crime related to sexual misconduct, domestic violence or abusive behavior? No Yes

If yes, please explain:

Are there any criminal charges against you currently pending in Washington or any state? No Yes

If yes, please explain:

Signature: _____ **Date:** _____

2026 CAMP VOLUNTEER AGREEMENT

I, (**Print FULL LEGAL Name**) _____, certify that I agree and am aware that any volunteer relationship with the Camp Eyabsut and the Washington State Council of Firefighters Burn Foundation (WSCFFBF) is "At Will". At-Will means that a Volunteer has the right to resign at any time and the Camp Eyabsut Director can dismiss a Volunteer at any time, with or without cause.

Volunteering at Camp Eyabsut carries enormous responsibility. Camp Counselors, CITs and Day Volunteers must maintain the highest standard of conduct while working at camp or representing Camp Eyabsut. The protection of and setting a good example for campers is the highest priority. This requires that you put the campers' welfare above your own personal priorities at all times.

If I am selected as a full-time volunteer counselor or staff member for Camp Eyabsut, I agree to abide by all Camp Eyabsut and Black Diamond Camp rules and uphold the highest standard of conduct by respecting and following all rules/guidelines in the Camp Eyabsut Staff Manual.

In accordance with the policies of the Highline School District, Camp Eyabsut and Black Diamond Camp, it is illegal to possess or use any alcohol, marijuana, firearms, fireworks, illegal drugs or other controlled substances while at camp.

Additionally, any volunteer who either uses or has possession of any of the above while anywhere on campgrounds, on offsite activities during camp or while supervising campers as a representative of Camp Eyabsut is subject to immediate dismissal.

Black Diamond Camp is a NO TOBACCO / SMOKING facility, therefore, smoking or chewing tobacco and possessing/using marijuana is prohibited during camp week.

In applying for a volunteer camp position, I understand the information which I have furnished on this application is subject to validation and will include employment verification and a criminal background / child abuse history check.

I certify that the answers given in this application are true and complete to the best of my knowledge and understand that any false or misleading information given by me will result in my dismissal.

Signature: _____ **Date:** _____

PERSONAL REFERENCES: Please give names and addresses of two personal references (not relatives) having knowledge of your character, experience, work habits and abilities.

	NAME	RELATIONSHIP	PHONE
REF:			
REF:			

