

ruii Name:	·	
Home Address:		
Birthday:	Age on start date of camp:	County:
Phone number (This	number will be used to notify campers of acc	ceptance):
E-mail Address (This	e-mail will be used to contact campers):	
Legal Guardian name	e (required if applicant is under 18)	
Legal Guardian phon	e number and e-mail address	
Name and location o	f the school the applicant attends:	
What is it about fire/	emergency services that interests you?	
Describe ongoing cor volunteer work, spor	mmitments you have that reflect responsibilits teams, clubs, etc.	ty in your life i.e. paid employment,
<u> </u>	experience is NOT required to participate in ( xperience level. However, if you DO have any	•

Camp Cinder's mission is to provide an empowering camp experience where young women can learn job specific skills and attain the confidence to be successful in a future firefighting career; what would you like to get out of your Camp Cinder experience and how do you think your presence will positively contribute oward Camp cinder's goal?
<u>Attestations</u>
Perspective Camper: I do hereby attest that the questions above were written by me in my own words and that all information provided within this application is true (initial).
Perspective Camper's Guardian: I do hereby attest that I approve of and am authorizing the camper listed above to attend Camp Cinder (if selected and required information is validated) (initial).
For questions about <b>Camp Cinder Shasta</b> please contact Battalion Chief Katie Mason: (530) 356-3178, katie.mason@fire.ca.gov  Please mail paper applications to <b>Camp Cinder Shasta</b> at: 6105 Airport Road Redding CA, 96002
For questions about <b>Camp Cinder San Luis</b> please contact Fire Captain Eva Grady: (805) 242-1510, eva.grady@fire.ca.gov Please mail paper applications to <b>Camp Cinder San Luis</b> at: Attn: FC Grady P.O. Box 1911 San Luis Obispo, CA 93406

Para preguntas en Español por favor llamen a Connie Guerrero al (916) 588-0295