

CHRISTIAN CHURCH (DISCIPLES OF CHRIST) IN PENNSYLVANIA

CAMP STAFF APPLICATION FORM

___COUNSELOR-IN-TRAINING (C.I.T.) AGES 14-17 ___ASSISTANT COUNSELOR AGES 16-18 ___COUNSELOR AGE 18 AND OVER ___DIRECTOR AGE 25 AND UP

FULL NAME: _____ PHONE: () _____ CELL: () _____
STREET ADDRESS: _____ E-MAIL: _____
CITY: _____ STATE: _____ ZIP: _____
SEX: ___MALE ___FEMALE EDUCATION: ___ELEMENTARY ___HIGH SCHOOL ___COLLEGE
SPECIAL EDUCATION OR TRAINING: _____
BIRTHDATE: ___/___/___ OCCUPATION: _____
HEALTH: ___EXCELLENT ___AVERAGE ___POOR DESCRIBE ANY HANDICAPS/PROBLEMS: _____

HOME CHURCH: _____ ADDRESS: _____
LIST INVOLVEMENT (PAST AND PRESENT) THAT YOU HAVE HAD WITH YOUR CONGREGATION: _____

LIST, ACCORDING TO PREFERENCE, THE CAMP YOU WOULD PREFER TO COUNSEL:
___CYF ___CHI RHO ___JUNIOR ___MINI

IF NOT AS A COUNSELOR, PLEASE SPECIFY WHICH POSITION YOU WISH TO FILL:
___NURSE ___CRAFT LEADER ___RECREATION LEADER
DATES: _____

LIST INVOLVEMENT YOU HAVE HAD WITH CHILDREN AND/OR TEENS IN CAMP OR CONFERENCE-TYPE PROGRAMS: _____

I HAVE SKILLS IN: ___BIBLE ___STORYTELLING ___NATURE ___SKITS ___SPORTS
___CAMPFIRE ___WORSHIP ___MUSIC ___OTHER: _____

BRIEFLY DESCRIBE THE HISTORY OF YOUR CHRISTIAN FAITH. HOW CAN YOU RELATE THIS TO OTHERS IN A CHURCH CAMP SETTING? _____

DATE: _____ SIGNATURE: _____

TO BE COMPLETED BY A MEMBER AND A MINISTER OF THE CANDIDATE'S CONGREGATION.

WE RECOMMEND (NAME) _____
FOR THE POSITION OF: ___COUNSELOR-IN-TRAINING (C.I.T.) ___ASSISTANT COUNSELOR ___COUNSELOR ___DIRECTOR
DURING THE SUMMER CAMP AND CONFERENCE PROGRAM OF THE CHRISTIAN CHURCH (DISCIPLES OF CHRIST) IN PA.
SIGNATURE OF MEMBER: _____ DATE: _____
SIGNATURE OF MINISTER: _____ DATE: _____