

Camp Deer Lake

COUNSELOR ASSIGNMENT

Please indicate which camp/camps you would like to volunteer as counselor.

- JUNE 22-27, 2015 (Junior 1)
- JULY 27-AUGUST 1, 2015 (Junior 2)
- JULY 27-AUGUST 1, 2015 (Teen 1)

COUNSELOR TRAINING SESSION

JUNE 22, 2015/JULY 27, 2015 (9:30a – 12:00p)

All counselors strongly encouraged to attend.

- Yes, I plan to attend.
- No, I cannot attend. Please send training materials.

PERSONAL INFORMATION (Counselor must be 16 or older)

AGE: _____ GENDER: _____ MARITAL STATUS: Single Married
SHIRT SIZE: SMALL MEDIUM LARGE X-LARGE 2XL 3XL OTHER _____

NAME: _____

ADDRESS: _____

PHONE: (____) _____ EMAIL: _____

HOBBIES/INTERESTS: _____

PERSONAL TESTIMONY

Please submit a brief statement of your testimony of salvation and how you will by God's grace benefit the campers this summer by your consistent Christian character.

CHURCH MEMBERSHIP

ADDRESS OF CHURCH REGULARLY ATTENDED: CHURCH PHONE: (____) _____

MEMBERSHIP SINCE: _____ DO YOU REGULARY ATTEND ALL SERVICES?: _____

PASTOR'S RECOMMENDATION

_____ is a member of our Church in good standing. I am personally familiar with his / her background to the extent that I can recommend him / her to work as a volunteer at Camp Deer Lake, and believe he / she to be qualified to serve young people in this capacity. I understand that he / she will be assigned as a counselor primarily to the youth of our Church, however, if necessary, may have additional campers assigned to his/her care at a ratio of 1 counselor per 10 campers.

PASTOR'S SIGNATURE

DATE