

## **COUNSELOR ASSIGNMENT**

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

## **COUNSELOR TRAINING SESSION** JUNE 26, 2017/JULY 31, 2017

| <ul><li>☐ JUNE 26-30, 2017 (Junior 1)</li><li>☐ JULY 31-AUGUST 5, 2017 (Junior 2)</li></ul> | All counselors strongly encouraged to attend.  ☐ Yes, I plan to attend. |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| ☐ JULY 31-AUGUST 5, 2017 (Teen 1)                                                           | <ul><li>No, I cannot attend. Please send training materials.</li></ul>  |
| PERSONAL INFORMATION (Counselor must be 16 or older)                                        |                                                                         |
| AGE: GENDER: MARITAL S SHIRT SIZE: SMALL MEDIUM LARGE JULY 31-AUGUST 5, 2017 ADDRESS:       | ☐ X-LARGE ☐ 2XL ☐ 3XL ☐ OTHER                                           |
| PHONE:()EMAI                                                                                | L:                                                                      |
| HOBBIES/INTERESTS:                                                                          |                                                                         |
| <b>PERSONAL TESTIMONY</b> Please submit a brief statement of your testimony of s            | alvation and how you will by God's grace henefit the                    |
| campers this summer by your consistent Christian character                                  |                                                                         |
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| CHURCH MEMBERSHIP                                                                           |                                                                         |
| ADDRESS OF CHURCH REGULARLY ATTENDED: CHURCH PHONE:()                                       |                                                                         |
|                                                                                             |                                                                         |
|                                                                                             | <del>-</del>                                                            |
| MEMBERSHIP SINCE: DO YOU                                                                    | REGULARY ATTEND ALL SERVICES?:                                          |
| PASTOR'S RECOMMENDATION                                                                     |                                                                         |
| is a member o                                                                               | of our Church in good standing. I am personally                         |
| familiar with his / her background to the extent                                            |                                                                         |
| volunteer at Camp Deer Lake, and believe he / $\ensuremath{\text{s}}$                       |                                                                         |
| capacity. I understand that he / she will be assign                                         |                                                                         |
| Church, however, if necessary, may have addition of 1 counselor per 10 campers.             | mai campers assigned to ms/her care at a fatio                          |
|                                                                                             |                                                                         |
| PASTOR'S SIGNATURE                                                                          | DATE                                                                    |