

## **COUNSELOR ASSIGNMENT**

Please indicate which camp/camps you would like to

## COUNSELOR TRAINING SESSION JUNE 24, 2019/JULY 29, 2019

JUNE 24-29, 2019 (Junior 1)  JULY 29-AUGUST 3, 2019 (Junior 2)  JULY 29-AUGUST 3, 2019 (Teen 1)	(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 m	nust be 16 or older)
AGE: GENDER: MAR	ARGE  \( \text{X-LARGE} \) X-LARGE  \( \text{Z-2XL} \) 3XL  \( \text{Z-2XL} \) OTHER
PHONE:()	EMAIL:
PERSONAL TESTIMONY	ny of salvation and how you will by God's grace benefit the character.
CHURCH MEMBERSHIP	
ADDRESS OF CHURCH REGULARLY ATTENI	DED: CHURCH PHONE:()
	O YOU REGULARY ATTEND ALL SERVICES?:
PASTOR'S RECOMMENDATION	
familiar with his / her background to the volunteer at Camp Deer Lake, and believe capacity. I understand that he / she will be	mber of our Church in good standing. I am personally extent that I can recommend him / her to work as a he / she to be qualified to serve young people in this assigned as a counselor primarily to the youth of our additional campers assigned to his/her care at a ratio
PASTOR'S SIGNATURE	DATE