CAMP CALVIN 2010
ADULT STAFF APPLICATION

Greetings in the Lord! Thank you for considering how you could be an influence for Christ at camp this year. As a counselor your room and board will be paid. Please complete this questionnaire and return to Howard Spaan, Camp Director by June 1.

NAME: _____ AGE ____ Male/Female

ADDRESS _____ PHONE _____

City/State/Zip_____email:_____

CHURCH YOU ATTEND_____

1. **Are you a Christian? YES NO**
2. **Have you made a public profession of your faith? YES NO When?_____**
3. **What is something God has been teaching you lately in your walk with him?**

_____

_____

4. **Have you been a camp counselor (here or elsewhere) before? YES NO**
   Why do you want to be a counselor?

_____

_____

5. **What grade/age group would you feel most comfortable with? Those completing:**
   6th 7th 8th
6. **What kind of talents/gifts could you share with us? (I.E. arts, crafts, life guard, special activities, learned skills, focused interest, sports or hobbies…)**

_____

Statement of Commitment: I promise to abide by all rules and regulations set by the board, Camp Director, and Lost Creek camp grounds. I promise to support the Camp Director in any way possible.

Signed: _____ Date: _____

Personal Reference:_____ Date: _____
(Please list phone & address on reverse side for contacting)

If you have any questions or comments, use the back.
May God richly bless you in your decision. Please return to: Pastor Howard Spaan
100 SW 195th Avenue #143, Beaverton, OR 97006
Phone 503-645-2415, E-mail: hmspaan@gmail.com

****Please provide a recommendation from your Pastor or Youth Leader.**
It can be written on back of this form, included in a separate letter, or e-mailed.