

CAMP CALVIN 2010 Youth Staff Application

Greetings! Thank you for considering how you could be an influence for Christ at camp this year. Please complete this questionnaire and return to Camp Director, Pastor Howard Spaan (address below) before June 1. If your application is accepted, junior counselors are asked to pay 1/2 registration fee of \$70 (optional ropes \$20). Thanks.

NAME: _____ AGE ____ Male/Female

ADDRESS _____ PHONE _____

City/State/Zip _____ email: _____

1. Are you a Christian? YES NO
2. Have you made a public profession of your faith? YES NO When? _____
3. What is one strength you experience in your relationship with Christ?

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: _____ Phone: _____

Address: _____

In case of emergency, I hereby give permissions to the nurse or physician chosen by the camp to provide necessary treatment for my child at Camp Calvin, July 13-17, 2009.

Parent(s) signature: _____ Date: _____

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 the back of this form, included in a separate letter, or e-mailed.**