CAMP CALVIN 2011
ADULT & PEER COUNSELOR APPLICATION

Greetings in the Lord! Thank you for considering how you could be an influence for Christ at camp this year. As an adult counselor your room and board will be paid. Peer Councilors are asked to pay__$70__. Please complete this questionnaire and return to David Stewart, Camp Director {@ one of the addresses below} 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: _____

Parent/guardian signature: _____ 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 David Stewart
555 Franklin Ct. Sunnyside, WA 98944 Phone: 509-391-5227
E-mail: pastordavid@sunnysidecrc.org

****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.