

Washington District UPCI Camp Staff/Counselor Application

Junior Camp _____ Senior Camp _____ Both _____ Please indicate which camp(s) this application is for.

Name _____ Age _____ Application Date _____

Address _____

Phone _____

_____ Sex Male _____ Female _____ (Check one)

1. Have you been baptized according to Acts 2:38? Yes _____ No _____

2. Have you received the Holy Ghost according to Acts 2:38? Yes _____ No _____

3.

Church _____ Pastor _____

4. What church activities do you participate in? _____

5. Years of school completed _____ Present occupation _____

6. Are you in good health? Yes _____ No _____ Do you have any physical handicaps? Yes _____ No _____

If "yes" please

describe. _____

7. Describe your experience as a camper. _____

8. Describe your experience as a camp staffer/counselor. _____

9. Describe the position you are applying for? (counselor, kitchen help, general help, nurse, etc.) _____

10. What age groups do you work with best? _____

11. In the following list, put 1 before activities you can organize and teach. Put 2 for those in which you can assist in teaching and 3 for those with whom you are slightly familiar.

Sports

___ *Badminton*
___ *Touch Football*
___ *Softball*
___ *Table Tennis*
___ *Volleyball*
___ *Horseshoes*
___ *Other* _____

Group Activities

___ *Bible Study*
___ *Campfire Programs*
___ *Storytelling*
___ *Skits & Stunts*
___ *Arts & Crafts*
___ *Other* _____

Misc.

___ *Nurse*
___ *Other* _____
___ *Counseling*
___ *Educational*
___ *Individual*

Waterfront

___ *Lifeguard*
___ *Swimming*
___ *Waterslide*
___ *Other* _____

Music

___ *Choir Leader*
___ *Lead Singing*
___ *Special Individual Singing*
___ *Special Group Singing*
___ *Other* _____

Instruments

___ *Piano*
___ *Horn*
___ *Drums*
___ *Other* _____

Your Signature

Pastor's Signature

One copy must be sent to: Rev. Jack Peters, 14102 120th Ave. Ct. E., Puyallup, WA, e-mailed to jpeters1@juno.com or faxed to 253-840-2085. YOU MUST CALL THIS NUMBER BEFORE FAXING!!

Rev. 6/04