

1/25/12

THE LAMB'S CHAPEL ADULT CAMP WORKER APPLICATION
PLEASE PRINT LEGIBLY AND USE BACK OF FORM IF ADDITIONAL ROOM IS NECESSARY

PERSONAL INFORMATION:

TODAY'S DATE: ___/___/___

FULL NAME: _____
FIRST MIDDLE LAST SUFFIX

ADDRESS: _____
STREET CITY COUNTY ZIP DATES

IF AT THE ABOVE ADDRESS LESS THAN 7 YEARS, PREVIOUS:

STREET CITY COUNTY ZIP DATES

WHY DO YOU WANT TO BE A WORKER AT CAMP? _____

HAVE YOU EVER BEEN A CAMP WORKER? _____

E-MAIL: _____ BIRTH DATE: ___/___/___ PHONE: () _____

SOCIAL SECURITY #: _____ (REQUIRED)

IN CASE OF EMERGENCY, CONTACT (LIST NAME AND BEST CONTACT INFO) _____

PLEASE CHECK AREA(S) YOU ARE INTERESTED OR WILLING TO SERVE IN:

- CABIN COUNSELOR
- LAKE FRONT/FISHING/CANOEING
- ARCHERY
- ELEMENTARY
- ROCK WALL
- FIELD GAMES
- WHEREVER YOU NEED ME
- TWEENS
- LIFEGUARD
- CRAFTS
- MIDDLE SCHOOL

WHILE WE WILL DO OUR BEST TO PLACE YOU WITH THE AGE GROUP YOU REQUEST AS A CABIN COUNSELOR, SOMETIMES NUMBER OF CHILDREN/WORKERS MAY REQUIRE THAT WE PLACE YOU IN AN AGE GROUP YOU ARE LESS FAMILIAR WITH.

SPIRITUAL INFORMATION: DESCRIBE YOUR RELATIONSHIP WITH THE LORD AND HOW LONG YOU HAVE BEEN A CHRISTIAN.

ARE YOU A MEMBER OF TLC@HRCC: ___ IF YES, WHEN DID YOU JOIN ___ IF NO, DO YOU PLAN TO JOIN ___

REFERENCES - THE FOLLOWING INFORMATION IS REQUIRED FOR ALL POSITIONS AT CAMP DEALING WITH OUR YOUNG PEOPLE. IT IS OUR DESIRE TO PROTECT ALL OF OUR PRECIOUS YOUTH. WE ASK THAT YOU FILL OUT THE REFERENCES COMPLETELY. PLEASE LIST FULL NAMES, ADDRESSES AND PHONE NUMBERS FOR ALL REFERENCES. PLEASE MAKE SURE AT LEAST ONE PERSON DOES NOT ATTEND TLC@HRCC.

REFERENCE #1 TYPE: PERSONAL PROFESSIONAL MINISTRY
FULL NAME: _____ PHONE: () _____
ADDRESS: _____ ZIP: _____

REFERENCE #2 TYPE: PERSONAL PROFESSIONAL MINISTRY
FULL NAME: _____ PHONE: () _____
ADDRESS: _____ ZIP: _____

I UNDERSTAND ALL REFERENCES AND BACKGROUND INFORMATION WILL BE CHECKED BEFORE I AM GIVEN A POSITION AS AN ADULT WORKER.

SIGNATURE OF APPLICANT: _____ DATE: ___/___/___