

# 2007 Camp Staff

## Registration/Application

This application must be sent to the District Office by the Camp's Registration Deadline.  
(See the Camp Application for deadlines.)

### Mail or Fax to:

Camp Staff Application, CCD Camping Ministry  
PO Box 567, Bourbonnais, IL 60914

Phone: 815-932-7628  
Fax: 815-932-9579  
Web Page: [www.ccdnaz.org](http://www.ccdnaz.org)

### *Personal Information*

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Local Church Attended \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever been convicted of anything other than a minor traffic violation? \_\_\_ Yes \_\_\_ No

If yes, please explain \_\_\_\_\_

Will you submit to a criminal clearance check and/or drug test? \_\_\_ Yes \_\_\_ No

Social Security # \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

### *Experience*

Personal Testimony \_\_\_\_\_

List previous camp experience \_\_\_\_\_

List experience in Children's or Teen Ministry \_\_\_\_\_

Why would you like to serve in camp ministry? \_\_\_\_\_

(Please continue on the reverse side of this form)

**Indicate (✓) camps in which you are willing to serve:**

Everyone Cares Camp, June 19-22  
 Sr. High Camp, June 27-30  
 Kids Camp, July 16-20

Jr. High Camp, June 24-27  
 Rookie Camp, July 6-7

**Indicate (✓) positions in which you are willing to serve:**

<input type="checkbox"/>	Camp Counselor*	<input type="checkbox"/>	Recreation Director
<input type="checkbox"/>	Camp Helper**	<input type="checkbox"/>	Recreation Helper
<input type="checkbox"/>	Crafts Director	<input type="checkbox"/>	Night watch
<input type="checkbox"/>	Crafts Helper	<input type="checkbox"/>	Nurse
<input type="checkbox"/>	Music Coordinator (List qualifications)	<input type="checkbox"/>	Other (Please List)

\*Must be 21 years of age or older for Jr./Sr. High Camp Counselor, 18 years of age or older for Kids' Camp Counselor.

\*\*Must be 18 years of age or older for Jr./Sr. High Camp Helper, 14 years of age or older for Kids' Camp Counselor.

**Indicate (✓) special qualifications and certifications:**

<input type="checkbox"/>	Nursing Credentials _____	<input type="checkbox"/>	First Aid _____	<input type="checkbox"/>	Other (Please List)
<input type="checkbox"/>	CPR	<input type="checkbox"/>	Lifeguarding	<input type="checkbox"/>	

***Personal Medical Information***

Please list any medications you are presently taking: \_\_\_\_\_

List any health conditions that our camp nurse should know about: \_\_\_\_\_

***Recommendations***

Please have two people who know you well fill out and sign the below recommendations. Attached is a form for your pastor to fill out and mail to the District Office. (Be sure and put your name on the form as the Staff Applicant and provide an addressed stamped envelope.)

**1**

I certify that the above named individual is of the quality and character to serve in Youth Camp:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ How long have you know him/her? \_\_\_\_\_

**2**

I certify that the above named individual is of the quality and character to serve in Youth Camp:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ How long have you know him/her? \_\_\_\_\_

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## Pastor's Recommendation Form

Staff Applicant \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Church Name \_\_\_\_\_

Church Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How long have you known the Applicant? \_\_\_\_\_

What is your observation about the Applicant's Spiritual Life and Testimony? \_\_\_\_\_

\_\_\_\_\_

Do you know of any reason why the Applicant should not be allowed to work with children or youth?

\_\_\_ Yes \_\_\_ No

If "Yes", please explain \_\_\_\_\_

\_\_\_\_\_

What do you see as the strengths and gifts of this Applicant? \_\_\_\_\_

\_\_\_\_\_

Does the Applicant get along well with others? \_\_\_\_\_

Is the Applicant a "Team Player", following instruction and contributing to the good of the whole group?

\_\_\_ Yes \_\_\_ No

Any additional comments that may be helpful in evaluating this Applicant \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Pastor, please send this Recommendation Form directly to:*

**Chicago Central District  
Camp Staff Applications  
PO Box 567  
Bourbonnais, IL 60914**

***Applications and recommendations are due one month prior to the start of camp.***