



KID'S CAMP JUNIOR COUNSELOR APPLICATION



First and Last Name: _____ Date of Birth: _____

Mailing Address: _____

City, State, Zip: _____

Sex: _____ Home Phone: (_____) _____ Other Phone: (_____) _____

E-Mail Address: _____

Home Church: _____

Pastor: _____ Pastor's Home Phone: (_____) _____

Why are you interested in helping with "Kid's Camp"? _____

Personal Testimony

Do you know Jesus Christ as your Lord and Savior? _____

How did you come to know Jesus as your Savior? _____

Do you attend church at least three Sundays a month? _____

What ministries are you involved in at your church? _____

Health Concerns

Are your immunization shots up to date? _____ Year of last tetanus shot: _____

Do you have or have you been exposed to any communicable diseases? _____

Do you have any restrictions for physical activity? _____

Please list any medications you are taking below: _____

List Two Personal references (not including your pastor or parents)

Name and phone number: _____ (____) _____

Name and phone number: _____ (____) _____

I, the undersigned applicant authorize the Wesleyan Kid's Camp through its Kid's Camp Committee to procure background information about me. I understand that by applying as a Kid's Camp helper the committee will call my Pastor and references to be sure I am most suited to help with this camp and the needs of the camp and its children. The committee will prayerfully seek that God can use me to my fullest potential while at camp. If the committee feels I am not suited at this time they will let me know before July 15th in writing.

Signature: _____ Date: _____

There is no cost for approved staff to attend camp. We want you to know we appreciate your willingness to serve and help. Please mail completed application no later than July 28th to:
Pam Barna
75 Grace St
Waterford, NY 12188
Questions? Email: pam_barna@yahoo.com