

Camp Counselor 2009

NAME: _____ BIRTHDAY (M)____(D)____(YR)____ SS # _____ - _____ - _____
GENDER ____ (M) ____ (F) MARITAL STATUS: MARRIED____ SINGLE____ ENGAGED____ SEPERATED ____
DIVORCED____ REMARRIED____ WIDOWED____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

HOME PHONE: (_____) _____ - _____ CELL PHONE: (_____) _____ - _____

E-MAIL: _____

CHURCH: _____ PASTOR: _____ # OF YEARS ATTENDED THERE _____

IF APPLICABLE, WHERE DID YOU ATTEND BEFORE? _____

WRITE A SHORT PARAGRAPH ABOUT YOUR RELATIONSHIP WITH JESUS CHRIST.

EDUCATIONAL BACKGROUND (WHERE, WHEN, WHAT DID YOU STUDY)?

DO YOU USE ANY TOBACCO, ALCOHOLIC BEVERAGES, OR ILLEGAL DRUGS? YES / NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE EXPLAIN.

I, _____ HEREBY AUTHORIZE INDIANA YEARLY MEETING TO COMPLETE ANY
(PLEASE SIGN FULL NAME)

NECESSARY BACKGROUND CHECKS FOR MY PARTICIPATION IN IYM YOUTH CAMP MINISTRIES. INFORMATION
TO BE RELEASED WILL BE ANY AND ALL ARRESTS AND CONVICTIONS REPORTED.

PLEASE LIST THE NAMES AND PHONE NUMBERS OF TWO REFERENCES THAT ARE NOT RELATED TO YOU:

NAME: _____ PHONE: (_____) _____ - _____ RELATIONSHIP _____

NAME: _____ PHONE: (_____) _____ - _____ RELATIONSHIP _____

HAVE YOU RECEIVED ANY CERTIFICATES (EXAMPLES: FIRST AID, LIFESAVING & CPR) AND IF SO, ARE THEY
CURRENT OR EXPIRED?

LIST PREVIOUS EXPERIENCES THAT YOU HAVE HAD WITH CHILDREN OR YOUTH:

CHECK ONE OR ALL OF THE CAMPS THE APPLICANT WISHES TO APPLY FOR:

- JUNIOR HIGH CAMP – GRADES 7TH & 8TH (JUNE 14-19 WITH AARON HUGHS DIRECTING)
- SENIOR HIGH CAMP 1 – GRADES 9TH – 2008 GRADUATES (JUNE 21-26 WITH AARON HUGHS DIRECTING)
- SENIOR HIGH CAMP 2 – GRADES 9TH - 2008 GRADUATES (JULY 12-17 WITH AARON HUGHS DIRECTING)
- KIDS CAMP (JULY 19-22 WITH AARON HUGHS DIRECTING)
- JUNIOR CAMP (JULY 26-31 WITH SCOTT SHUGART DIRECTING)
- JR. & SR. HIGH YEARLY MEETING SESSIONS (JULY 23-26 WITH AARON HUGHS DIRECTING)

****SPECIAL NOTES****

ALL APPLICATIONS WILL BE REVIEWED BOTH BY THE DIRECTOR OF EACH IYM SUMMER CAMP AND THE
DIRECTOR OF YOUTH & CAMPING MINISTRIES. FINAL SAY FOR STAFFING WILL BE GIVEN BY THE
DIRECTOR OF YOUTH & CAMPING MINISTRIES (AARON HUGHS – CURRENT DYCM).

&

ALL COUNSELORS ARE EXPECTED TO REPORT TO QHC THE SUNDAY CAMP STARTS BY 9:30 AM. NO
EXCEPTIONS WILL BE MADE UNLESS SPECIAL PERMISSION IS GIVEN BY THE DIRECTOR OF YOUTH &
CAMPING MINISTRIES.

PLEASE RETURN TO:
AARON HUGHS
ATTN. CAMP COUNSELOR APPLICATION
4715 NORTH WHEELING AVE. MUNCIE, IN 47304