

# CAMP STAFF APPLICATION KASKASKIA BAPTIST CAMPS

Please fill in all questions in order for us to have all information needed for determining  
the best place of service for you this camping year.

**Please check weeks you are available:**

**CAMP DATES:**

- \_\_\_\_\_ Youth Camp
- \_\_\_\_\_ Boy's and Girl's Camp
- \_\_\_\_\_ Preschool
- \_\_\_\_\_ Children's Camp

**CHECK POSITIONS OF INTERESE:**

- |  |                                     |
|--|-------------------------------------|
| _____ Counselor (college student or older) | _____ Nighttime Counselor assistant |
| _____ Jr. Counselor (high school student ) |                                     |
| _____ Daytime Counselor assistant          | _____ Camp Nurse                    |

Name other abilities, interests, talents which might be useful in working at camp:

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Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

School level completed as of June 2005 \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Home \_\_\_\_\_

Phone: \_\_\_\_\_

Member of \_\_\_\_\_ Church

in \_\_\_\_\_

Pastor's Name and  
address \_\_\_\_\_

Pastor' recommendation

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Pastor's signature \_\_\_\_\_

Describe your physical condition: excellent \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ Name any medications you will be  
taking during camp: \_\_\_\_\_

Describe any medical conditions we should know about:

\_\_\_\_\_

*For the protection of the campers, and because of the legal climate of the times in which we live, we must ask, "Have you ever been convicted of any misconduct toward children and/or young persons?" yes \_\_\_\_\_ no \_\_\_\_\_*

*I give my permission for the Kaskaskia Baptist Association to check with authorities concerning any charges of child abuse, either in the past or pending.*

Signature must appear on this line: \_\_\_\_\_

Date: \_\_\_\_\_