

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:

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

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: _____